

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015947

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Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 5

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Length of stay in 1b <i>23 years</i>		c. CITY OR TOWN <i>Knob Noster</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>RR # 2 Knob Noster</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>RR #2</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>CHARLES</i> Middle <i>HARMON</i> Last <i>NORMAN</i>				4. DATE OF DEATH Month <i>April</i> Day <i>25</i> Year <i>1960</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>3-6-1878</i>	9. AGE (last birthday) <i>82</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>General Farming</i>		11. BIRTHPLACE (City and state or country) <i>Franklin County, Ill.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Mathew Norman</i>			13b. MOTHER'S MAIDEN NAME <i>Ellen Stewart</i>			14. NAME OF HUSBAND OR WIFE <i>Mrs. Edna Norman</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>494-12-8143</i>		17. INFORMANT Address <i>Mrs. Edna Norman, Knob Noster, Missouri</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchial Pneumonia</i>							INTERVAL BETWEEN ONSET AND DEATH <i>3 - Days.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>								
DUE TO (c) <input checked="" type="checkbox"/>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>-</i>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year <i>✓</i>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Knob Noster, Johnson</i>		COUNTY <i>MO.</i>		STATE <i>MO.</i>
21. I attended the deceased from <i>April 22-1960</i> to <i>April 25, 1960</i> and last saw ^{him} alive on <i>April 25, 1960</i> Death occurred at <i>8 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>H.W. Brown, MD</i>				22b. ADDRESS <i>Knob Noster, Missouri</i>			22c. DATE SIGNED <i>4-26-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-27-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Knob Noster, Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Knob Noster, Missouri</i>			
24. FUNERAL DIRECTOR <i>The Brauningers, Warrensburg, Missouri</i>				25. DATE RECD. BY LOCAL REG. <i>April 26, 1960</i>		26. REGISTRAR'S SIGNATURE <i>James L. Beatty</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jimmy S. Hucker
Licensed Embalmer No. 4092

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.