

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035629

ED VS SEP 27 1960

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 48

INDEXED

10-20-60

Chester Novelle

Chester Norvell

DOCUMENT

BY AFFIDAVIT OF funeral director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY OSAGE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNOTS MILL		Length of stay in 1b		c. CITY OR TOWN BONNOTS MILL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HIS HOME			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle DIECKRIEDE Last NORVELL				4. DATE OF DEATH Month SEPT. Day 22 Year 1960					
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/30/1900	9. AGE (last birthday) 60	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) correction officer			10b. KIND OF BUSINESS OR INDUSTRY Algoa School		11. BIRTHPLACE (City and state or country) Columbia Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Chester Novelle Norvell			13b. MOTHER'S MAIDEN NAME Cornelia Dieckriede			14. NAME OF HUSBAND OR WIFE Hazel Bloyd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 720-12-7066		17. INFORMANT Address Mrs James Lindsay Martin City Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
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"/> No <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 type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY 9/22/60	Hour a.m.	Month, Day, Year Sep't 22-60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in Bed at Home		20f. CITY, TOWN, OR LOCATION Bonnots Mill, Mo..		COUNTY Osage	STATE
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at Fund dead in Bed on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>[Signature]</i> Coroner (Degree or title)				22b. ADDRESS Linn Mo			22c. DATE SIGNED 9/24/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9/26/60	23c. NAME OF CEMETERY OR CREMATORY Cadey Creek Cemetery		23d. LOCATION (City, town, or county) Bonnot Mill		23e. (State) R F D		
24. FUNERAL DIRECTOR <i>[Signature]</i> Linn Mo			ADDRESS	25. DATE RECD. BY LOCAL REG. 9-24-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

SEP 28 1960

VS OCT 20 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lynn M

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.