

FEDERAL BUREAU OF INVESTIGATION
DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035763

FILED VS OCT 13 1960

STATE FILE NUMBER

ENDED

Registration District No. 291 Primary Registration District No. 44-2 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville-Mo		Length of stay in 1b 18 da.		c. CITY OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) City		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) WAYNE - NORMAN				4. DATE OF DEATH Month Day Year OCT 2-1960				
5. SEX M	6. COLOR OF RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH APR-12-05	9. AGE (last birthday) 55		IF UNDER 1 YEAR Months 5 Days 20 Hours - Min. -	IF UNDER 24 HR Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Newtown, Mo.		12. CITIZEN OF WHAT COUNTRY USA.	
13. FATHER'S NAME Geo. Colmer			13b. MOTHER'S MAIDEN NAME Alley Miller		14. NAME OF HUSBAND OR WIFE GEORGE A. NORMAN			NORMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 263-44-1550		17. INFORMANT Address GEORGIA NORMAN - Unionville 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 DUE TO (b) Degenerative myocarditis DUE TO (c) diabetes mellitus 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							INTERVAL BETWEEN ONSET AND DEATH	
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 Hour Month, Day, Year a.m. p.m.								
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 4-1-60 to 10-2-60 and last saw him alive on 10-1-60 Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE L. W. McDonald				(Degree or title) Dr. Unionville, Mo.		22b. ADDRESS		22c. DATE SIGNED 10-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) S		23b. DATE Oct 4-60	23c. NAME OF CEMETERY OR CREMATORY Unionville Cem		23d. LOCATION (City, town, or county) Unionville Mo.		(State)	
24. FUNERAL DIRECTOR F. Husted			ADDRESS Unionville Mo		25. DATE RECD. BY LOCAL REG. 10-4-60		26. REGISTRAR'S SIGNATURE Marvella Durbin	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1021 25 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Muel C. Husted

Licensed Embalmer No. 0304

P. O. Address Amorville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.