

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043237

FILED VS NOV 29 1960

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 453

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo		Length of stay in 1b 1 day	c. CITY OR TOWN St. Louis, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7032 Plainview Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Carroll Edwin Norwine			4. DATE OF DEATH Month Day Year Nov. 17 1960		
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5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 1, 1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant (retired)	10b. KIND OF BUSINESS OR INDUSTRY grocery	11. BIRTHPLACE (City and state or country) Mineral Point, Mo	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Andrew Jackson Norwine	13b. MOTHER'S MAIDEN NAME Mary Anna Clarke	14. NAME OF HUSBAND OR WIFE Anna Evelyn Nichol
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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. 499 30 1466	17. INFORMANT Address Nan Carrollynn; St. Louis, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Bronchopneumonia		1 day
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) Arteriosclerotic heart disease		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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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	COUNTY	STATE
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21. I attended the deceased from Nov. 17, 1960 to Nov. 17, 1960 and last saw her/him alive on Nov. 17, 1960 Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Alvin W. Hood	22b. ADDRESS Bonne Terre, Mo.	22c. DATE SIGNED 11-21-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery	23d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri
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24. FUNERAL DIRECTOR ADDRESS Alvin W. Hood: 303 Crane St.; Flat River, Mo	25. DATE RECD. BY LOCAL REG. Nov. 21, 1960	26. REGISTRAR'S SIGNATURE Eather Rudloff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 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 Alvin W Hood

Licensed Embalmer No. 2780

P. O. Address _____

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.