MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007802
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. — Registrar's No. 165

FILED APR 7 1961

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rt. 5 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 5 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: CLAUD Last: NORWOOD
4. DATE OF DEATH: Month March Day 25 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-4-1890
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months 4 Days 21 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Arkansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Daniel B. Norwood
13b. MOTHER'S MAIDEN NAME: Kindness Tiner
14. NAME OF HUSBAND OR WIFE: Hazel Norwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
17. INFORMANT: Address: Mrs. Hazel Norwood P. Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3-5-2 1961, to 3-25-1961 and last saw ~~her~~ him alive on 3-22 1961
Death occurred at 3:00 A M m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [illegible] M D
22b. ADDRESS: P O Box Bluff Mo
22c. DATE SIGNED: 3-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-26-61
23c. NAME OF CEMETERY OR CREMATORY: Cochran Cemetery
23d. LOCATION (City, town, or county) (State): Doniphan, Missouri
24. FUNERAL DIRECTOR: Russell-Ermert ADDRESS Box 377 Corning, Ark.
25. DATE REC'D BY LOCAL REG.: 4/1/61
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leslie A. Russell

Signature of Student Embalmer

Licensed Embalmer No. 3855

P. O. Address Corning Ar

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