

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015682

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 220

FILED APR 23 1962

VS 300  
Rev. 4/59

10499  
28150

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4 0  
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9286.5

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>		Length of stay in lb <u>1 DAY</u>	c. CITY OR TOWN <u>GALENA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST JOHNS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>GALENA HEIGHTS</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES NORRID</u>			4. DATE OF DEATH Month Day Year <u>APRIL 20 1962</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>Do Not Know</u>	8. DATE OF BIRTH <u>10-14-87</u>
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Do Not Know</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Do Not Know</u>	11. BIRTHPLACE (City and state or country) <u>Do Not Know</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Do Not Know</u>	
13b. MOTHER'S MAIDEN NAME <u>Do Not Know</u>		14. NAME OF HUSBAND OR WIFE <u>Do Not Know</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>Do Not Know</u>	17. INFORMANT Address <u>GALENA, KAN</u> <u>BARKER REST HOME RECORDS</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acidosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
DUE TO (b) <u>Malnutrition</u>			<u>Unknown</u>
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 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 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
21. I attended the deceased from <u>19 April 62</u> and last saw <sup>her</sup> him alive on <u>19 April 62</u> Death occurred at <u>1 Day</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert Farrell</u> (Degree or title)		22b. ADDRESS <u>Joplin, mo</u>	22c. DATE SIGNED <u>20 Apr 62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APRIL 21, 62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>	23d. LOCATION (City, town, or county) (State) <u>GALENA KANSAS</u>
24. FUNERAL DIRECTOR <u>Kitch Hurley Mortuary</u> ADDRESS <u>Galena, Kans.</u>	25. DATE RECD. BY LOCAL REG. <u>4-20-1962</u>	26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Parker

Licensed Embalmer No. 25148

P. O. Address John A. Parker

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.