V.S. No. 300
Rev. 10.48

FILED JAN 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39467

BIRTH NO. [redacted] REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 419

12 7 3

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard 123
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter 3
d. STREET ADDRESS (If rural, give location): 33 So. Poplar 1

3. NAME OF DECEASED (Type or Print)
a. (First): Calvin
b. (Middle):
c. (Last): Norman

4. DATE OF DEATH (Month) (Day) (Year): 12-17-48

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 7
8. DATE OF BIRTH: March 20, 1869
9. AGE (In years last birthday): 79 — If under 1 year: Months 8, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroader
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russellville, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Joseph Norman
13b. MOTHER'S MAIDEN NAME: Malissa Leonard
14. NAME OF HUSBAND OR WIFE: Ada Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Everard Norman — ADDRESS: Dexter, Mo.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

83a

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): ✓

DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 13, 1948 *to* Dec 17, 1948, *that I last saw the deceased alive on* Dec 17, 1948, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harrison M.D.
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 12-24-48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-19-48
24c. NAME OF CEMETERY OR CREMATORY: Dexter Cemetery
24d. LOCATION (City, town, or county) (State): Dexter, Missouri

DATE REC'D BY LOCAL REG.: 12/28/48
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Strickland-Rainey, Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1949

RECEIVED
District Health Office No. 2,
District File Number 149-13
Date Filed 1-3-49

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 _____
Student Embalmer

Signed J. J. Stuckland
Licensed Embalmer No. 3479
P. O. Address Dexter, Mo.

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 this body is not embalmed, fact should be so stated above.