

S. No. 300
v. 10.48

FILED NOV 23 1951

STANDARD CERTIFICATE OF DEATH

38042

State File No.

580
1

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

BIRTH NO. _____ REG. DIST. NO. 2-183 PRIMARY REG. DIST. NO. 5685 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Child-Rural-Jackson</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Child-Rural-Jackson</u>		d. STREET ADDRESS (If rural, give location) <u>9 mi. S. E. Laredo 0580</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 mi. S. E. Laredo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 12 1951</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elmore</u> c. (Last) <u>Norvell</u>			5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Feb 8 1865</u>	9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Canada</u>
13b. MOTHER'S MAIDEN NAME <u>Sarah Hazelwood</u>		14. NAME OF HUSBAND OR WIFE <u>John T. Norvell</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or claim of service) <u>No</u>
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Norvell</u>			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u>			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
DUE TO (b) <u>renal insufficiency</u>			DUE TO (c)		
11. 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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from _____, 19____, to <u>Oct 9, 1951</u> , that I last saw the deceased alive on <u>Oct 9, 1951</u> , and that death occurred at <u>11:00 p</u> m., from the causes and on the date stated above.
23a. SIGNATURE <u>W. Bryan</u> (Degree or title)		23b. ADDRESS <u>Wheeling Mo.</u>		23c. DATE SIGNED <u>11-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/14/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Purdin MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u> ADDRESS <u>Funeral Home Laredo Mo</u>
DATE REC'D BY LOCAL REG. <u>11-14-51</u>		REGISTRAR'S SIGNATURE <u>Elva Crookshank</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

Date Received: NOV 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2086
Date Filed: NOV 20 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. M. Beaton

Signed.....
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address

Laredo 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.