

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4070**  
Registrar's No. **203**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>McFall</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hattie</b> b. (Middle) <b>Octavia</b> c. (Last) <b>Norman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 17, 1952</b>
--	---

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>November 29, 1872</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	---	---	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Daviess County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	---	---

13a. FATHER'S NAME <b>Jesse Baldwin</b>	13b. MOTHER'S MAIDEN NAME <b>Esther Drummond</b>	14. NAME OF HUSBAND OR WIFE <b>James S. Norman</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. H. S. Jameson, McFall, Missouri</b>	ADDRESS
--	-------------------------------	---	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>(1) Uremia (2) Pneumonia lobar</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic kidney disease admitted to hospital inf. coma</b> DUE TO (c) <b>Blood NPN - 116 X-ray of chest - pneumonia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>did 7 hours after admission</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>446X</b>	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 **2-17, 1952**, to **2-17, 1952**, that I last saw the deceased alive on **2-17, 1952**, and that death occurred at **6:25 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. P. Senon M.D.</b> (Degree or title)	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>2-17-52</b>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>2/17/1952</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Albany Missouri</b>
--	----------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. <b>Feb 21, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Cast</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton Bowman</b> ADDRESS <b>St. Joseph, Mo.</b>
--	---	--

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

**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 *William Spalding* .....

Licensed Embalmer No. *4535* .....

P. O. Address *319 S. 10<sup>th</sup> W. Des Moines, Ia.* .....

**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.