S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15717

FILED MAY 29 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 240

124
0

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

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): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff Mo.
d. STREET ADDRESS (If rural, give location): Route 2 - 5 0120

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

4. DATE OF DEATH (Month) (Day) (Year): May 12, '52

5. SEX: Male 2
6. COLOR OR RACE: Col
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): 2
8. DATE OF BIRTH: 5-12-1893
9. AGE (In years last birthday): 69. 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Mississippi 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Dicie Johnson ADDRESS: Blytheville 9

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension and
DUE TO (c): Arteriosclerosis — ?

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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) 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* 10 May, 1952, *to* 12 May, 1952, *that I last saw the deceased alive on* 12 May, 1952, *and that death occurred at* 8 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 321 Oak, Poplar Bluff Mo.
23c. DATE SIGNED: 16 May 52

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): 0
24b. DATE: 5-18-1952
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Friendship
24d. LOCATION (City, town, or county) (State): Bacon Pasture, Mo.

DATE REC'D BY LOCAL REG.: May 19-1952
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428-0
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J. Smith ADDRESS: People Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 27 1952
BUTLER CO. HEALTH CENTER
FILE No. 552-278

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.

Signed Ted J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 4408

P. O. Address Silverton, 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.