

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2135**
Registrar's No. **1-1953**

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. **183** PRIMARY REG. DIST. NO. **4294**

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Eva	b. (Middle) Elsie	c. (Last) Norvell	4. DATE OF DEATH (Month) (Day) (Year)
				1 3 53

5. SEX fe	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 20, 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William F. Drake	13b. MOTHER'S MAIDEN NAME Hannah Gibbs	14. NAME OF HUSBAND OR WIFE Carl C. Norvell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Where or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Carl C Norvell	ADDRESS Browning, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary heart disease		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) coronary arteriosclerosis DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July 1952** to **Jan 2, 1953**, that I last saw the deceased alive on **Jan 2, 1952**, and that death occurred at **1:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Howard Carter M.D. (Degree or title)	23b. ADDRESS Browning Mo	23c. DATE SIGNED Jan 8 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-5-53	24c. NAME OF CEMETERY OR CREMATORY Henkins	24d. LOCATION (City, town, or county) (State) Browning
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DATE REC'D BY LOCAL REG. Jan. 8 1953	REGISTRAR'S SIGNATURE Elna Crookshanks	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home	ADDRESS Browning.
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FEB 26 1953

FEB 9 8 1953

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 Harold I. Wade

Licensed Embalmer No. 4122

P. O. Address Browning

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.