

FILED SEP 28 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 32337

|  |  |   |   |   |  |  |  |
|--|--|---|---|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |   | PRIMARY REG. DIST. NO. <u>4293</u>  |  | Registrar's No. <u>33</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>LINCOLN</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Elberry</u>   |  | c. LENGTH OF STAY (in this place)   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Paynesville</u>  |  | 0820   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Rest Home</u>  |  |   |   | d. STREET ADDRESS (If rural, give location) _____   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Kate</u> b. (Middle) _____ c. (Last) <u>Norvell</u>   |  |   | 4. DATE OF DEATH<br>(Month) <u>8</u> (Day) <u>11</u> (Year) <u>1953</u> |   |  |  |  |
| 5. SEX <u>FEMALE</u>   |  | 6. COLOR OR RACE <u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>   |  | 8. DATE OF BIRTH <u>5/9/1864</u>   |  |
| 9. AGE (In years last birthday) <u>89</u>  |  | IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u>   |   | IF UNDER 100 Hrs. <u>0</u> Mts. <u>0</u>  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |   | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>William Bowles</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Edna Ragsdale</u>                          |   |  | 14. NAME OF HUSBAND OR WIFE _____  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>no</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ben Lewis Annada</u>   |  | ADDRESS <u>no</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA ACUTE</u>   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>                                   |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |   |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>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) _____ m.   |  | 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 <u>8-6</u> , 1953, to <u>8-11</u> , 1953, that I last saw the deceased alive on <u>8-8</u> , 1953, and that death occurred at <u>2:30</u> m., from the causes and on the date stated above. |  |   |   |   |  |  |  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____  |  |   |   | 23b. ADDRESS <u>ELSBERRY, MO.</u>   |  | 23c. DATE SIGNED <u>8/11/53</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>8-13-53</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem.</u>  |  | 24d. LOCATION (City, town, or county) <u>Clarksville</u> (State) <u>Mo</u>       |  |
| DATE REC'D BY LOCAL REG. <u>8/12/53</u>  |  | REGISTRAR'S SIGNATURE <u>Mrs. Clarence Huntz</u>  |   | FUNERAL DIRECTOR'S SIGNATURE <u>Harry Carroll</u>   |  | ADDRESS <u>Clarksville</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

*August 11-1953*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W H Van Matre* \_\_\_\_\_

Licensed Embalmer No. *2825* \_\_\_\_\_

P. O. Address *Elberry 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.