

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 5373

BIRTH NO. FILED MAR 3 1954 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>LINN</u> b. CITY OR TOWN <u>MARCELINE</u> c. LENGTH OF STAY (in this place) <u>3 HRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSPT.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MACON</u> c. CITY OR TOWN <u>RURAL RUSSEL TOWNSHIP</u> d. STREET ADDRESS (If rural, give location) <u>3 1/2 MILES NORTH of NEW CAMBRIA</u>	
3. NAME OF DECEASED (Type or Print) <u>CHARLES CLIFT NORFOLK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 2, 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 19, 1894</u>
9. AGE (In years last birthday) <u>59</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>LA PLATA MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN THOMAS NORFOLK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH BORING</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNA DOWELL</u>		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>HAROLD NORFOLK</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUNSHOT WOUND HEAD, PENETRATING THE BRAIN</u> ANTECEDENT CAUSES <u>THE BRAIN</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>	
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) <u>SUICIDE</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>IN YARD OF HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEW CAMBRIA MACON MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>FEB. 2 1954 5:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>SELF-INFLICTED GUNSHOT WOUND</u>		22. I hereby certify that I attended the deceased from <u>FEB 2, 1954</u> , to <u>FEB 2, 1954</u> , that I last saw the deceased alive on <u>FEB 2, 1954</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Paul T. Berry M.D.</u>		23b. ADDRESS <u>Marceline, Mo.</u>	
23c. DATE SIGNED <u>2-3-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>FEB 5 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW CAMBRIA CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>NEW CAMBRIA MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. G. Lilleland</u>	
DATE REC'D BY LOCAL REG. <u>2-3-54</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Ridgway</u>	
ADDRESS <u>New Cambria Mo.</u>		(Licensed Embalmers' Statements on Reverse Side)	

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

No. 300
10-48

0581

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 H. F. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.