

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22499

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Texas City, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>3710 Aspen 3578</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. San. &amp; Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u> b. (Middle) <u>SHAFTER</u> c. (Last) <u>NORMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept. 13, 1897</u>		9. AGE (If years last birthday) <u>57</u>		10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lineman</u>		11. BIRTHPLACE (State or foreign country) <u>California, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>A. L. Norman</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Hella Norman</u>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-05-4146</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hella Norman, Indep. Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Laceration &amp; Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Chest injury &amp; hemothorax</u>		<u>5 days</u>	
		DUE TO (c) <u>9029</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8</u>			

19a. DATE OF OPERATION <u>11 July 55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute subdural hematoma &amp; cerebral confusions</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
--	--	---	--	--	--

21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence 12 Jackson Mo.</u>	
--	--	--	--	--	--

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>July 9 55 4 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from telephone pole</u>	
---	--	---	--	--	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank A. Owens Coroner</u>		23b. ADDRESS <u>1034 Patton Bldg</u>		23c. DATE SIGNED <u>7-15-55</u>	
--	--	--------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 16, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>California Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>California, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>7-16-55</u>		REGISTRAR'S SIGNATURE <u>James D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speaks Funeral Home Indep Mo.</u>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 13 1955

FEB 17 1956

AUG 29 1955

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 *P. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Indep. 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.