FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37632

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4381 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alton
d. STREET ADDRESS (If rural, give location): 50

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

4. DATE OF DEATH (Month) (Day) (Year): November 14, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-14-1872

9. AGE (In years last birthday): 83 — If under 1 year: Months: 9, Days: 0 — If under 24 hrs.: Hours: , Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Oregon County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Levi Sanders

13b. MOTHER'S MAIDEN NAME: Mary Gale

14. NAME OF HUSBAND OR WIFE: John Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mack Johnson, Alton, Missouri

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) Breast Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Circulatory failure
DUE TO (c) Senile body changes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 170X

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: no ne

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Alton Oregon Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* 11-3- *,* 19 49 *, to* 11-14- *,* 19 55 *, that I last saw the deceased alive on* 11-14- *,* 19 55 *, and that death occurred at* 4:05 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. W. Carhart

23b. ADDRESS: Alton, Missouri

23c. DATE SIGNED: 11-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-16-1955

24c. NAME OF CEMETERY OR CREMATORY: Cave Springs, Cemetery

24d. LOCATION (City, town, or county) (State): Oregon County, Missouri

DATE REC'D BY LOCAL REG.: Nov 19-55

REGISTRAR'S SIGNATURE: Mack W Johnson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Roland Carter Mayfield

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4516

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.