

FILED JAN 4 - 1956

## STANDARD CERTIFICATE OF DEATH

11658

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 305 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <u>Randolph.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Moberly, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Jefferson Township)</u>	
c. LENGTH OF STAY (in this place) <u>12 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Perry, Mo.</u> <span style="float: right;">0640</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormic Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>D.</u>	
c. (Last) <u>NORMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16, 1955</u> <span style="float: right;">NEXX</span>	
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>June 4, 1874</u>
9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR (Months) <u>6</u>	11. UNDER 12 HRS. (Days) (Hours) (Min.) <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Sresport, Louisiana.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Nora Scobee Norman.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Paul Norman</u>		ADDRESS <u>Perry, Mo. R.F.D.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>nephritis chronic</u> DUE TO (c) <u>arterio-sclerosses</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>446X</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)		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)		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>Nov 1, 1955</u> to <u>Dec 16, 1955</u> , that I last saw the deceased alive on <u>Dec 16, 1955</u> , and that death occurred at <u>5:00AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. T. Swan</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Perry, Missouri</u>	
23c. DATE SIGNED <u>12-16-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-18-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Monroe City Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-18-55</u>		REGISTRAR'S SIGNATURE <u>Seaborn</u> <u>269</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde L. Wesley</u>		ADDRESS <u>Perry, Mo.</u>	

(Licensed Embalmer's Statement (on Reverse Side))

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

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 *Clyde McKinney*

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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

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