

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

State File No. **5401**

FILED MAR 6 1956

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5579** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City MINERAL TWP		c. CITY OR TOWN Thayer	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 yrs - 1 mo		e. STREET ADDRESS (If rural, give location) Route #2 0750	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper County T.B. Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Irene c. (Last) Norman			4. DATE OF DEATH (Month) (Day) (Year) March 2, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 18, 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cedar County, Missouri		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Robert Blain	13b. MOTHER'S MAIDEN NAME Calma ?	14. NAME OF HUSBAND OR WIFE James Wilson Norman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Geo. H. Hobler, M.D.
		ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A.S.H.D.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombo embolism DUE TO (c) aur. Fibrillation		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary T.B.C.			
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) 4200 A
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 1, 1955, to Mar. 2, 1956, that I last saw the deceased alive on March 2, 1956, and that death occurred at 3:00a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo. H. Hobler, M.D.	23b. ADDRESS Jasper Co. T.B. Hosp	23c. DATE SIGNED March 2, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE. 3-4-1956	24c. NAME OF CEMETERY OR CREMATOR NEW SALEM CEMETERY
24d. LOCATION (City, town, or county) (State) THAYER (RURAL) MO		

DATE REC'D BY LOCAL REG. 3-2-56	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME	ADDRESS WEBB CITY, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

RECEIVED MAR 5 1956
Jasper County Health Office

County File Number 56-3-204
Date Filed MAR 5 1956

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
Signature of Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4402

P. O. Address Wells City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.