

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5569

State File No. ....

FILED MAR 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 70

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Livingston</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> |  | c. CITY OR TOWN <u>Chillicothe</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>10 yrs</u>   |  | e. STREET ADDRESS (If rural, give location) <u>418 Montgomery</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>418 Montgomery</u>                                   |  |  |  |

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|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>AMY</u><br>b. (Middle) <u>FAYE</u><br>c. (Last) <u>NORMAN</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb. 24, 1956</u> |
|--|---|

|                    |                               |   |                                       |   |                        |                             |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------------|
| 5. SEX <u>Fem.</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 16, 1900</u> | 9. AGE (In years last birthday) <u>55</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------------|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Linneus, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Joseph Peery</u> | 13b. MOTHER'S MAIDEN NAME <u>Nellie Wilson</u> | 14. NAME OF HUSBAND OR WIFE <u>Byron Norman</u> |
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|  |                                   |   |         |
|--|-----------------------------------|---|---------|
| 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>XX</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Byron Norman, Chillicothe, Mo.</u> | ADDRESS |
|--|-----------------------------------|---|---------|

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|---|---|--|--|-----------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 weeks</u> |                 |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Terminal Hemiparesis</u> |  |  | <u>6-8 mo.</u>  |
|   | DUE TO (c) <u>Multiple Sclerosis</u>  |  |  | <u>2-3 yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |                 |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|--|--|---|
| 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) |
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|  |  |                           |
|--|--|---------------------------|
| 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 May 10, 1954, to Feb. 24, 1956, that I last saw the deceased alive on Feb 24, 1956, and that death occurred at 8:20A m., from the causes and on the date stated above.

|   |                                      |                                 |
|---|--------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>R. W. Matheny, M.D.</u> | 23b. ADDRESS <u>Chillicothe, Mo.</u> | 23c. DATE SIGNED <u>2/28/56</u> |
|---|--------------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>2/25/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ogan cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Linn County, Mo.</u> |
|---|--------------------------|---|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>2/25/56</u> | REGISTRAR'S SIGNATURE <u>Frances B. Neal</u> | 25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Donald Gordon - Chillicothe, Mo.</u> |
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(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.....  
Signature of Student Embalmer

Signed *Richard H. Bandall*.....

Licensed Embalmer No. *486*

P. O. Address *Chilllicothe*

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.