

FILED MAR 19 1956

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8159

State File No. ....

297

|   |  |  |   |  |   |  |  |
|---|--|--|---|--|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>42</u>   |   | PRIMARY REG. DIST. NO. <u>1000</u>   |   | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Joseph</u>   |  | c. LENGTH OF STAY (in this place)<br><u>53 yrs.</u>  |   | c. CITY OR TOWN <u>St. Joseph</u>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Missouri Nursing Home</u><br><u>701 So. 11 St.</u>  |  |  |   | e. STREET ADDRESS (If rural, give location)<br><u>2001 No. 3 St.</u>   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>DAISEY</u> b. (Middle) <u>F</u> c. (Last) <u>NORMAN</u>  |  |  | 4. DATE OF DEATH<br>(Month) <u>March</u> (Day) <u>11</u> (Year) <u>1956</u> |  |   |  |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   |   | 8. DATE OF BIRTH<br><u>April 28, 1871</u>  |  |
| 9. AGE (In years last birthday) <u>84</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |   | IF UNDER 24 HRS.<br>Hours _____ Min. _____   |   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>                        |  | 11. BIRTHPLACE (City and State of Foreign Country) /<br><u>Coshocton County, Ohio</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U S A</u> |
| 13a. FATHER'S NAME<br><u>John P. Benjamin</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary McCullough</u>                         |  |   | 14. NAME OF HUSBAND OR WIFE<br><u>J. Lester Norman</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Miss Edith F. Norman</u>   |   | ADDRESS<br><u>St. Joseph, Mo.</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Arteriosclerotic Heart Disease.</u>   |  |  |   | MEDICAL CERTIFICATION  |   |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease.</u>   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 years</u>   |   |  |  |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |  |  |   | ANTECEDENT CAUSES  |   |  |  |
| DUE TO (b) <u>Arteriosclerosis.</u>   |  |  |   | unknown  |   |  |  |
| DUE TO (c)  |  |  |   |  |   |  |  |
| 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<br><u>4200</u>  |   |  |   | 20. AUTOPSY?<br>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) (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 <u>Oct. 25, 1955</u> , to <u>March 11, 1956</u> , that I last saw the deceased alive on <u>Jan. 11, 1956</u> , and that death occurred at <u>6:30 A.m.</u> , from the causes and on the date stated above. |  |  |   |  |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Allen S. Jernan</u>  |  |  |   | 23b. ADDRESS<br><u>M. D. 706 Francis, St. Joseph, Mo.</u>  |   | 23c. DATE SIGNED<br><u>3/13/56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>3-13-56</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>  |   | 24d. LOCATION (City, town, or county) (State)<br><u>St. Joseph Missouri</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>Mar 15, 1956</u>   |  | REGISTRAR'S SIGNATURE<br><u>Kathleen M. Allison</u>  |   | FEDERAL DIRECTOR'S SIGNATURE<br><u>Stoney Funeral Home</u>   |   | ADDRESS<br><u>St. Joseph, 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.....  
Signature of Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No. *467*..

P. O. Address *St. Joseph*.....

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.