

XC-172 02 83
R# 11086

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8240

State File No. _____

BIRTH NO. _____ FILED APR 6 - 1956 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give town or township) POPLAR BLUFF		c. CITY OR TOWN MARSTON	
c. LENGTH OF STAY (in this place) 27 da.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			
e. STREET ADDRESS (If rural, give location) BOX 41, GENERAL DELIVERY			

3. NAME OF DECEASED (Type or Print)	a. (First) ORIE	b. (Middle) (NMI)	c. (Last) NORMAN	4. DATE OF DEATH (Month) (Day) (Year) MARCH 21, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 27, 1894	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and State or Foreign Country) MONROE CO., KENTUCKY	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HENRY NORMAN	13b. MOTHER'S MAIDEN NAME MARY SMITH	14. NAME OF HUSBAND OR WIFE HATTIE NORMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. 489186546	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, VAH, POPLAR BLUFF, MO.	ADDRESS
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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, asphyxia, 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) MYOCARDIAL INSUFFICIENCY		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. PULMONARY EMPHYSEMA DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5271	20. AUTOPSY? NO 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) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **2-23-56**, 19**56**, to **3-21-56**, 19**56**, and that death occurred at **7:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. D. TURNER, M.D. Actg. Chief, Med. Svc.	23b. ADDRESS VA Hospital, Poplar Bluff, Mo. 3-21-56	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 24 Mar. 56	24c. NAME OF CEMETERY OR CREMATORY Mounds Park Cemetery	24d. LOCATION (City, town, or county) (State) Near New Madrid, Missouri
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DATE REC'D BY LOCAL REG 3/26/56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS New Madrid, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
APR 3 1956

3 10 1956
OFF

BUTLER CO. HEALTH CENTER
FILE No. _____

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0011 13

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Lammy L. Roberts* _____

Licensed Embalmer No. *488*

P. O. Address *Madison* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.