THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41937
STATE FILE NUMBER

FILED DEC 20 1956

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~WEBB CITY~~ MINERAL TWSP. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION ELMHURST CONVALESCENT HOME Length of stay in 1b 12 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY NEWTON
c. CITY OR TOWN RURAL SHOAL CRK TWSP Inside Limits Yes ☐ No ☒
d. STREET ADDRESS ROUTE 4, JOPLIN (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MYRTLE Middle LEOTA Last NORVELL
4. DATE OF DEATH Month DEC. Day 7, Year 1956
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH MAY 9, 1896
9. AGE (In years last birthday) 60
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and state or country) IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNK
14. MOTHER'S MAIDEN NAME UNK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MERLE NORVELL, RT. 4, JOPLIN Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) pneumonia Bilateral — 1 wk
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 171 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept 9 56, to Dec 5, 56 and last saw her/him alive on Dec 5, 56
Death occurred at 3:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Lewis H. Ferguson M.D. (Degree or title)
22b. ADDRESS 327 Friars Bldg, Joplin
22c. DATE SIGNED Dec 12-8-56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-9-56
23c. NAME OF CEMETERY OR CREMATORY HORNET CEMETERY
23d. LOCATION (City, town, or county) (State) HORNETT, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 12-10-56
26. REGISTRAR'S SIGNATURE Mrs Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

County File Number 56-12-861
Date Filed DEC 18 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2

P. O. Address Joplin

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