

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019303

STATE FILE NUMBER

FILED JUN 12 1958 Registration District No. 290 Primary Registration District No. 4431 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNT Pemiscot ⁰³⁵²					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR 2 MI So of Dixon, on Hwy 28 TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Kennett ¹⁹²² 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Same as b			Length of stay in lb -		d. STREET ADDRESS (If outside, give location) 801 N Main St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CLARENCE Middle VERNON Last NORMAN				4. DATE OF DEATH Month May Day 27 Year 1958					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8 March 1932		9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier			10b. KIND OF BUSINESS OR INDUSTRY US Army		11. BIRTHPLACE (City and state or country) Bragg City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charloy V Norman				14. MOTHER'S MAIDEN NAME Deceased					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 284-32-7109		17. INFORMANT Address US Army Hosp MSC Ft Leonard Wood,					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concussion and maceration of brain Compound multiple depressed skull fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH Mo.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile accident. Ran off highway and hit bridge abutment.						
20c. TIME OF INJURY 7:00 Hour Month, Day, Year 7:00 P. m. May 27 58									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway # 28		20f. CITY, TOWN, OR LOCATION 2 Mi S of Dixon		COUNTY Pulaski		STATE Mo	
21. I ^{swear} certify the deceased was born on 27 May 1958 at Kennett, Missouri Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>William Earl Mc</i>				22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		22c. DATE SIGNED 28 May 58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)				
Removal		5-29-58	Kennett Cemetery		Kennett Missouri				
24. FUNERAL DIRECTOR HELOISE FUNERAL HOMES INC CROCKER MO				25. DATE RECD. BY LOCAL REG. 6-1-58		26. REGISTRAR'S SIGNATURE <i>Paula Mae Anderson</i>			

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

450

