

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022365

STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 12

S. 300  
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Knob Noster Washington</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Knob Noster</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.F.D. 2.</b> Length of stay in lb <b>44 years</b>		STREET ADDRESS (If outside, give location) <b>0516</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>MARGRIE PINK NORMAN</b>			4. DATE OF DEATH Month Day Year <b>June 16 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 4, 1877</b>
9. AGE (In years last birthday) <b>81</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Akin, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Pinkney David Waller</b>	
13b. MOTHER'S MAIDEN NAME <b>Melissa Ellen Akin</b>		14. NAME OF HUSBAND OR WIFE <b>Matthew Evert Norman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mr. Wm. Norman Knob Noster, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>
20a. ACCIDENT <input 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.) <b>✓</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>2 p.m. ✓</b>			
20d. INJURY OCCURRED WHILE AT <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.) <b>Knob Noster, Johnson Mo.</b>	
20f. CITY, TOWN, OR LOCATION <b>Knob Noster, Johnson Mo.</b>		20g. COUNTY <b>Johnson</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>June 16-58</b> to <b>June 16-58</b> and last saw her alive on <b>June 16-58</b> Death occurred at <b>2:00 p.m. 1958</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>M. W. Travis M.D.</b> (Degree or title)		22b. ADDRESS <b>Knob Noster Mo 6-17-58</b>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-19-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Knob Noster Cemetery</b>
23d. LOCATION (City, town, or county) <b>Knob Noster, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>R.A. Brauntinger, Warrensburg, Missouri</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>6/17/58</b>	26. REGISTRAR'S SIGNATURE <b>Erma L. Beatty</b>

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Richard McDonald*

Licensed Embalmer No. *4825*  
P. O. Address *Warrensburg*

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.