

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016706

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 30

Primary Registration District No. 5102

Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>S. Friscoe Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>RR II</u> INSTITUTION		Length of stay in lb <u>years</u>	d. STREET ADDRESS (If outside, give location) <u>Friscoe Township</u>
3. NAME OF DECEASED (Type or print) First <u>ELVA</u> Middle <u>M.</u> Last <u>NOTKIS</u>		4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1959</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 19, 1907</u>	9. AGE (In years last birthday) <u>51</u>	FUNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 24 H Months <u>9</u> Days <u>4</u> Hours <u>0</u> Min <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Warsaw, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>G. W. Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Finnell</u>		14. NAME OF HUSBAND OR WIFE <u>John Norris</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>John Norris</u> Address <u>Rt 2, Warsaw, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinomatosis</u>			<u>5 mos.</u>
	DUE TO (c) <u>carcinoma, ovary</u>			<u>1 year</u>
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"/>	

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.) <u>2</u>		
20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>A.</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Warsaw, Mo.</u>	COUNTY	STATE

21. I attended the deceased from <u>1958</u> to <u>May 4/1/59</u> and last saw her <u>alive on 5-1-59</u> Death occurred at <u>6:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>5/24/59</u>
22a. SIGNATURE <u>Emmanuel, M.D.</u> (Degree or title)	22b. ADDRESS <u>Warsaw, Mo.</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 25, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co. Mo</u>
24. FUNERAL DIRECTOR <u>John J. Reser</u> ADDRESS <u>Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>May 25, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John F. Reser*

Licensed Embalmer No. *4098*
P. O. Address *Warsaw*

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.