

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020571
STATE FILE NUMBER

FILED JUL 13 1959

Registration District No. 46 Primary Registration District No. 5-152 Registrar's No. 21

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant</u>		c. CITY OR TOWN <u>Polo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>L</u>		d. STREET ADDRESS (If outside, give location) <u>1 mi. No. 2 mi. E. of Polo</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ernest Dean Norman</u>		4. DATE OF DEATH Month Day Year <u>June 28 1959</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh</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>Mar. 4-1891</u>
9. AGE (In years last birthday) <u>68</u>		10. FUNDING YEAR Months Days Hours Min. <u>3 24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Elmira Mo. Bay</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>James B. Norman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Carrell</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Norman</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>491-42-2806</u>		17. INFORMANT Address <u>Mrs Ruth Norman Polo 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>Carcinoma of Right Kidney with metastasis</u> DUE TO (b) <u>metastasis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>180X</u>
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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE	
21. I attended the deceased from <u>9-6-58</u> to <u>6-28-59</u> and last saw her alive on <u>6-25-59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Elmer B. Cook M.D.</u>		22b. ADDRESS <u>Richmond Mo.</u>	
22c. DATE SIGNED <u>6/30/59</u>		23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>July 1-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lathrop</u>	
23d. LOCATION (City, town or county) (State) <u>Clinton Co. Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Alsbaugh + Cowley Polo Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>July 6-1959</u>		26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

SEP 30 1959

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 *Erwin L. Howels*

Licensed Embalmer No. *4924*
P. O. Address *Pala, Mo.*

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.