

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS

JUL 1 1960

272

Primary Registration District No. 4398

Registrar's No. 32

-60-024009

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Pemissit</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pemissit</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holland</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Holland</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Emmanuel Norred</u>				4. DATE OF DEATH Month <u>6</u> Day <u>24</u> Year <u>60</u>				
5. SEX <u>M</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>8-23-10</u>		
9. AGE (last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>1</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Felling Station</u>		11. BIRTHPLACE (City and state or country) <u>Holland Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Gardner Norred Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Lillie Fisher</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Norred</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Was 2</u>			16. SOCIAL SECURITY NO. <u>362-12-6836</u>		17. INFORMANT <u>Mrs Lillie Norred Holland 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>Ca. Stomach</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ s.m. _____ p.m. _____		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		COUNTY STATE		
21. I attended the deceased from <u>6-20-60</u> to <u>6-24-60</u> and last saw her/him alive on <u>6-27-60</u>		Death occurred at <u>11:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Hyman Vanoy</u> (Deedee or title)				22b. ADDRESS <u>Steele Mo</u>		22c. DATE SIGNED <u>6-22-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>6-26-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Int Zion</u>		23d. LOCATION (City, town, or county) (State) <u>Steele Mo.</u>		
24. FUNERAL DIRECTOR <u>German Funeral Home</u> ADDRESS <u>Steele Mo</u>				25. DATE RECD. BY LOCAL REG. <u>6-27-60</u>		26. REGISTRAR'S SIGNATURE <u>L. J. Robinson</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1088

JUL 11 1960

JUL 14 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jim F. McNamee

Licensed Embalmer No. 5104

P. O. Address Steels, Md

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