

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047096

FILED VS JAN 3 1961

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 145 STATE FILE NUMBER

DED

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)        |  |  |  |
| a. COUNTY <u>Polk</u>  |  | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>N. Benton Twp.</u>                                |  | a. STATE <u>Mo.</u>  |  | b. COUNTY <u>Polk</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Buffalo - Rural</u>   |  | Length of stay in lb <u>75 yrs.</u>  |  | c. CITY OR TOWN <u>Buffalo, Mo</u>   |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)  |  | First <u>Nellie</u> Middle <u>Jane</u> Last <u>Norman</u>  |  | d. STREET ADDRESS (If outside, give location) <u>Rural</u>                                   |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| 4. DATE OF DEATH   |  | Month <u>Dec.</u> Day <u>20,</u> Year <u>1960</u>  |  | 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>Co.</u>  |  |
| 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <u>12-3-1885</u>  |  | 9. AGE (last birthday) <u>75</u>   |  | IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and state or country) <u>Dallas County, Mo.</u>                         |  | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>John Norman</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Alice Gregg</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>None</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>Jesse Norman</u>  |  | Address <u>Buffalo, Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| IMMEDIATE CAUSE (a) <u>Heart Block.</u>  |  |  |  |  |  | <u>?</u>   |  |
| DUE TO (b) <u>Exophthalmic Gaitre</u>  |  |  |  |  |  | <u>60 yrs</u>  |  |
| DUE TO (c) <u>A</u>  |  |  |  |  |  |  |  |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 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 _____  |  | 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>1959</u> to <u>12-20-60</u> and last saw her alive on <u>12-16-60</u>  |  | Death occurred at <u>10:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |  |  |
| 22a. SIGNATURE (Degree or title) <u>D.O. Hammond M.D.</u>  |  |  |  | 22b. ADDRESS <u>Buffalo, Mo.</u>   |  | 22c. DATE SIGNED <u>12-22-60</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 23b. DATE <u>12-23-60</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Cemetery</u>                                  |  | 23d. LOCATION (City, town, or county) (State) <u>Dallas County Missouri</u>  |  |
| 24. FUNERAL DIRECTOR <u>Montgomery Funeral Home</u> ADDRESS <u>Buffalo, Mo.</u>  |  |  |  | 25. DATE RECD. BY LOCAL REG. <u>12-28, 1960</u>  |  | 26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed Vernon H. Vreeta

Licensed Embalmer No. 5083

P. O. Address Buffalo,

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