

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037368

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 101

FILED SEP 26 1962

VS 300  
Rev. 4/59

1/0 3.5  
2/10 30  
3  
4 0  
5 1  
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7 1  
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9/19/63  
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12 86-0  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter</u>		Length of stay in 1b		c. CITY OR TOWN <u>Dexter</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dexter Convalescent Manor</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R. F. D. #1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>L.</u> Last <u>Norman</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>9,</u> Year <u>1962</u>		
5. SEX <u>Male</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>5-7-1884</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u> Hours <u>2</u> Min.
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		11. BIRTHPLACE (City and state or country) <u>Mt. Vernon, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Lafe Norman</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Meadows</u>	
14. NAME OF HUSBAND OR WIFE <u>Ada Norman</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.	
17. INFORMANT <u>Mrs. Ada Norman, R. F. D. #1, Dexter, Missouri</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>Pulmonary embolism</u> DUE TO (b) <u>Epidermoid carcinoma ureter</u> DUE TO (c) <u>Chin</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>2 years</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 <u>          </u> a.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>June 1956</u> to <u>Sept 9<sup>th</sup> 1962</u> and last saw her/him alive on <u>Sept 9<sup>th</sup> 1962</u> Death occurred at <u>10:30 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Richard Corson</u> (Degree or title) <u>M. D.</u>			22b. ADDRESS <u>Dexter, Missouri</u>		22c. DATE SIGNED <u>9-10-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-11-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hagy</u>	
23d. LOCATION (City, town, or county) <u>Dexter, Missouri</u>		(State)			
24. FUNERAL DIRECTOR <u>Rainey Funeral Home, Dexter, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>9-20-1962</u>		26. REGISTRAR'S SIGNATURE <u>Delmas V. Jenkins</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Lucille Riskey

Licensed Embalmer No. 4983

P. O. Address Deater, 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.