

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-00099

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 7

STATE FILE NUMBER

FILED JAN 14 1963

VS 300
Rev. 4/59
1 0040
2 08702
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4 0
5 3
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7 0
8 2
9 490X
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11
12 86-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

W.L.L. am W. Bradley

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ralls.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salt River Township		Length of stay in 1b 2 Yrs	c. CITY OR TOWN Perry, Missouri.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Caldwell Nurseing Home		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS " " (If outside, give location) " "
3. NAME OF DECEASED (Type or print) SAMUEL NORMAN.		4. DATE OF DEATH Jan 7, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-20-84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Monroe Co., Mo.
13a. FATHER'S NAME Lum Norman.		13b. MOTHER'S MAIDEN NAME Lola Heavenridge.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT Tom Norman, Perry, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, bilateral lower lobe DUE TO (b) (Bacterial) etiology not determined DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 10 days	
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 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 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 Sept. 1962 to Jan. 1963 and last saw him alive on Dec. 27, 1962 . Death occurred at 9:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William W. Bradley M.D.		22b. ADDRESS Box 178, Farber, Mo.	22c. DATE SIGNED 1-8-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-8-1963	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.	23d. LOCATION (City, town, or county) Perry, Missouri. (State)
24. FUNERAL DIRECTOR Clyde Wickes ADDRESS Perry, Mo.		25. DATE RECD. BY LOCAL REG. JAN 9-1963	26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

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 *Clyde M. Perry*

Licensed Embalmer No. 3820.

P. O. Address Perry, Missouri.

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.