

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021070

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 70

FILED MAY 24 1963

VS 300
Rev. 4/59

10840

20840

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>		Length of stay in 1b <u>7 days</u>		c. CITY OR TOWN <u>Humansville</u>	
c. FULL NAME OF IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Summit Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>North Humansville</u>	
3. NAME OF DECEASED (Type or print) First <u>Alfred</u> Middle <u>Norman</u> Last <u>Norman</u>		4. DATE OF DEATH <u>5-17-63</u>		Month <u>5</u> Day <u>17</u> Year <u>63</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>8-19-86</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Edwardsville Kan.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Carl W. Norman</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Turney</u>	
14. NAME OF HUSBAND OR WIFE <u>Ada L. Norman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		16. SOCIAL SECURITY NO. <u>909</u>	
17. INFORMANT <u>Ada L. Norman - Humansville 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>Coronary artery thrombosis</u> <u>to myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days.</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 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 checked="" 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>5-10-63</u> to <u>5-17-63</u> and last saw him alive on <u>5-17-63</u> . Death occurred at <u>3:10</u> P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. H. Robinson</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Humansville, Mo.</u>		22c. DATE SIGNED <u>5/18/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-20-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Humansville, Mo</u>		23e. DATE RECD. BY LOCAL REG. <u>May 21, 1963</u>		23f. REGISTRAR'S SIGNATURE <u>Ralph Gordon per J. H.</u>	
24. FUNERAL DIRECTOR <u>Robert Hetherington</u>		ADDRESS <u>to Heathland, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 21, 1963</u>	

USE BLACK INK OR TYPEWRITER RIBBON

MAY 29 1963

no permit issued

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 Chas. Robert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.

J. H.