

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#63-025239

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 254 Primary Registration District No. 4386 Registrar's No. 36

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUN 20 1963	
1. PLACE OF DEATH	
a. COUNTY Oregon	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Thayer	a. STATE Missouri COUNTY Oregon
Length of stay in 1b 1 week	c. CITY OR TOWN Alton Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Penrose Boarding Home	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First Mabel Middle Belle Last Norman	4. DATE OF DEATH June 11, 1963
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/1/1883
9. AGE (last birthday) 79	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Seneca, Kansas	12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Alfred Grayson	13b. MOTHER'S MAIDEN NAME Anna Readings
14. NAME OF HUSBAND OR WIFE Pete Norman	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Mrs. Floyd Grooms Koshkonong, Mo.
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) CVA	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.	DUE TO (b) Arteriosclerosis
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 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 _____, to _____ and last saw her/him alive on _____ Death occurred at 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>[Signature]</i>	22b. ADDRESS <i>[Address]</i>
22c. DATE SIGNED 6-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/14/63
23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery	23d. LOCATION (City, town, or county) (State) Oregon County, Missouri
24. FUNERAL DIRECTOR ADDRESS Carter Funeral Home Thayer, Mo.	25. DATE RECD. BY LOCAL REG. 6-13-63
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

Buried Person's Attended 6-13-63 - Ray W. Allen - R.H.
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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 Jerry Cravens

Licensed Embalmer No. 5050

P. O. Address Shaver Ma

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.