

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5414

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TIPTON</u>		0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LATHAM HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>		b. (Middle)		c. (Last) <u>NORMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 30 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11-2-1892</u>	
9. AGE (In years last birthday) <u>51</u>		10. MONTHS <u>2</u>		11. BIRTHPLACE (State or foreign country) <u>WESTPOINT IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WESTPOINT IOWA</u>			
13a. FATHER'S NAME <u>FRANK MEISCHMAN</u>		13b. MOTHER'S MAIDEN NAME <u>SADIE BRANDEWINDER</u>		14. NAME OF HUSBAND OR WIFE <u>EARL 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'S SIGNATURE OR NAME <u>EARL NORMAN</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>163X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-19</u> , 19 <u>50</u> , to <u>1-30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-30</u> , 19 <u>51</u> , and that death occurred at <u>12 30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Benson Latham</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>1-30-51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETARY</u>		24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-7-51</u>		REGISTRAR'S SIGNATURE <u>H. R. Roper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>			
				ADDRESS <u>California Mo</u>			

(Licensed Embalmer's Statement (on Reverse Side))

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-10-51

SEP 13 1951

MAY 21 1954

MAY 11 1954

Jul 22 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed
Student Embalmer

Signed

Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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 this body is not embalmed, fact should be so stated above.