

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019336
STATE FILE NUMBER

FILED MAY 20 1958 Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 45

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>CALIFORNIA</u> b. COUNTY <u>UNKNOWN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>RIVERSIDE</u> <u>8040g</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clemens Rest Home</u>		Length of stay in lb <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>3257 MULBERRY</u>
3. NAME OF DECEASED (Type or print) First <u>Andrew</u> Middle <u>MURPHY</u> Last <u>NORRIS</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>10</u> Year <u>1958</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>MARCH 17 1898</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired FARMER</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Commercial Farming</u>	9c. AGE (In years last birthday) <u>80</u>
10a. FATHER'S NAME <u>SAMUEL Clawson</u>		10b. MOTHER'S MAIDEN NAME <u>SARAH Meddister</u>	10c. NAME OF HUSBAND OR WIFE <u>ANNIE NORRIS</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes Philippine Insurrection</u>		12. SOCIAL SECURITY NO. <u>None</u>	13. INFORMANT <u>Mrs. Joe Graham Lee Summit, M.D.</u>
14. 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 occlusion</u> DUE TO (b) <u>Arteriosclerosis severe</u> DUE TO (c) <u>Senility</u> <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senile dementia</u>			15. INTERVAL BETWEEN ONSET AND DEATH
16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>5-9-58</u> to <u>5-10-58</u> and last saw him alive on <u>5-10-58</u> Death occurred at <u>4:30</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ch. Davault M.D.</u>		22b. ADDRESS <u>Richmond</u>	
22c. DATE SIGNED <u>5-12-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAY 12, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
24. FUNERAL DIRECTOR <u>W. L. & L. A. FUNERAL HOME</u> ADDRESS <u>Richmond, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5-13-1958</u>	26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>

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

Signature 

Licensed Embalmer No. 4066

P. O. Address Richmond

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.