

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5815**
48

No. 300
10-48

FILED MAR 3 1949

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (If in this place) 4 hours		d. STREET ADDRESS (If rural, give location) RFD #1 Jacksonville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital			

3. NAME OF DECEASED (Type or Print) CHARLES ALBERT NORTON			4. DATE OF DEATH (Month) (Day) (Year) Feb-25-1949		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-30-1891	9. AGE (In years last birthday) 57	10. UNDER 1 YEAR Months 2 Days 26	11. UNDER 12 MRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Macon Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles William Norton		13b. MOTHER'S MAIDEN NAME Frances C. Law		14. NAME OF HUSBAND OR WIFE Cassie Norton	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cassie Norton Jacksonville Mo.			
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Injury, severe		
	ANTECEDENT CAUSES Shock, Traumatic Fracture, Skull		
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. 6' 1" 66 210 #			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly, Randolph Missouri
21d. TIME OF INJURY Feb. 24 1949 10:15	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto collision, Public highway.

22. I hereby certify that I attended the deceased from **Feb 24**, 19 **49**, to **Feb 25**, 19 **49**, that I last saw the deceased alive on **Feb 25th**, 19 **49**, and that death occurred at **3:20 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howled G M	23b. ADDRESS 346 Woodland Ave., Moberly, Mo.	23c. DATE SIGNED Feb 25 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb-27-49	24c. NAME OF CEMETERY OR CREMATORY Grand Prairie	24d. LOCATION (City, town, or county) (State) Carroll Mo.
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DATE REC'D BY LOCAL REG. 2-25-49	REGISTRAR'S SIGNATURE Seah Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howled G Moberly Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

368

RECEIVED

District Health Officer No. 1

District File Number 2443

Date Filed FEB 28 1940

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
Student Embalmer

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.