

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14616

State File No. _____

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

BIRTH NO. _____ REG. DIST. No. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clara</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clara</u>	
c. LENGTH OF STAY (in this place) <u>57 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>SUSAN</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>NORRIS</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>26</u> (Year) <u>49</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unwedded</u>		8. DATE OF BIRTH <u>3-4-1873</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		11. BIRTHPLACE (State or foreign country) <u>Ava, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Thomas Hopper</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bradshaw</u>		14. NAME OF HUSBAND OR WIFE <u>James Huey</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Tramie Burton Houston</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
ANTECEDENT CAUSES Morbid 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.		4222	
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)		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 6-11-1945 to 3-26, 1949, that I last saw the deceased alive on 3-25, 1949, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>N. R. Ross, D.O.</u>		23b. ADDRESS <u>2 Houston, Mo.</u>		23c. DATE SIGNED <u>3-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wolford</u>	
DATE REC'D BY LOCAL REG. <u>March 29-49</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Dayford O. Elliott Houston</u>	

RECEIVED

District Health Officer No. 5,

District File Number 449 253

Date Filed 4-9-49

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.

Signed Frank E. Hood

Signed.....
Student Embalmer

Licensed Embalmer No. 4026

P. O. Address Houston, W

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.