

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 22 1949

State File No. **26530**
Registrar's No. **58**

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

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY OR TOWN Salem		c. LENGTH OF STAY (in this place) years		c. CITY OR TOWN Salem		33	
d. FULL NAME OF HOSPITAL OR INSTITUTION X				d. STREET ADDRESS (If rural, give location) XXXX			
3. NAME OF DECEASED (Type or Print) a. (First) Connie			b. (Middle) Caroline		c. (Last) Norris		4. DATE OF DEATH (Month) (Day) (Year) 8/5/49
5. SEX female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar 23/58	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 4 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Henry Gamblin			13b. MOTHER'S MAIDEN NAME Fredonia Green		14. NAME OF HUSBAND OR WIFE Elisha Norris		
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. X		17. INFORMANT'S SIGNATURE OR NAME Mrs Pearl Butts ADDRESS Salem Mo			
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) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 3-4 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							1222
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) Dent Dent Mo			
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 July 26 1949 , to Aug 5, 1949 , that I last saw the deceased alive on Aug 5, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree of title) M.D.				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED Aug 12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/6/49		24c. NAME OF CEMETERY OR CREMATORY Union		24d. LOCATION (City, town, or county) (State) East Salem, Mo	
DATE REC'D BY LOCAL REG. Aug 13-49		REGISTRAR'S SIGNATURE M.M. Hart		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Salem Mo			

RECEIVED 8/16/49

District Health Officer No. 8.

District File Number. 849573

Date Filed 8/17/49

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.....

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Carl H. Jensen*

Licensed Embalmer No. 9270

P. O. Address *Paterson, N.J.*

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.