

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44033

State File No.

 BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5784 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY <u>Hickman Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dorena</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hickman, Ky</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>816 1/2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>residence</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENERY</u>	b. (Middle) <u>DANIAL</u>	c. (Last) <u>NORRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 18, 1879</u>	9. AGE (In years last birthday) if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min. <u>69 10 28</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Crane operator</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Charleston, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David Norris</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Claywell</u>	14. NAME OF HUSBAND OR WIFE <u>Ludia Jane Norris</u>
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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) <u>unk</u>	16. SOCIAL SECURITY NO. <u>403-09-2244</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Yvonne DeLoam, Dorena, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5-30, 1949, to 7-16, 1949, that I last saw the deceased alive on 7-16, 1949, and that death occurred at 3:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. DeLoam</u>	(Degree or title) <u>m.s.</u>	23b. ADDRESS <u>Union City, Tenn.</u>	23c. DATE SIGNED <u>7-22-49</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hickman, Ky.</u>
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DATE REC'D BY LOCAL REG. <u>5/19/1950</u>	REGISTRAR'S SIGNATURE <u>Anna Harper</u>	GENERAL DIRECTOR'S SIGNATURE <u>W. C. Shelby</u>	ADDRESS <u>6 Paul, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Wm. H. W. Callhoun - Union City, Tenn

1670

No. 300
10.48

MAY 24 REC

RECEIVED

Miss. Co. Health Dep

County File No. _____

Date Filed MAY 26 195

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.....
Student Embalmer

Signed *Norris Shelby*

Licensed Embalmer No. *2726*

P. O. Address *East Prairie*

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.