S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22525

State File No.

BIRTH NO. REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 6203 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Current
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Current 1070 1
d. STREET ADDRESS (If rural, give location): 3½ Mi. NW of Ashley Creek Mo

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Henry c. (Last) Norton

4. DATE OF DEATH (Month) (Day) (Year): May 31 1950

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 19, 1872

9. AGE (In years last birthday): 77-9-12 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montauk Mo

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Tom Norton

13b. MOTHER'S MAIDEN NAME: Liss Huffman

14. NAME OF HUSBAND OR WIFE: Edna Mae Norton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: W. S. Norton ADDRESS: St Louis 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 592x

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 21, 19 50, *to* May 25, 19 50, *that I last saw the deceased alive on* May 25, 19 50, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leslie Randall (Degree or title): MD
23b. ADDRESS: Licking
23c. DATE SIGNED: 6-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 2/50
24c. NAME OF CEMETERY OR CREMATORY: Ashley Cemetery
24d. LOCATION (City, town, or county) (State): Ellis Mo

DATE REC'D BY LOCAL REG.: June 9-50
REGISTRAR'S SIGNATURE: Anda Robertson
25. FUNERAL DIRECTOR'S SIGNATURE: Smith & Ferguson ADDRESS: Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

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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 Eubert E Ferguson

Signed _____
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Licking 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.