

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36103

State File No.

071
0.

FILED DEC 12 1950

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hudson twp</u>	
c. LENGTH OF STAY (In this place) <u>SMO-23da</u>		d. STREET ADDRESS (If rural, give location) <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> b. (Middle) <u>Opal</u> c. (Last) <u>Norton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2 1950</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 18 - 1884</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Emma House</u>	14. NAME OF HUSBAND OR WIFE <u>James Norton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Norton Appleton City Mo</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>Darcoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>left legs -</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>metastasis generalized</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Respiration Biopsy</u>	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 <u>Aug 18, 1950</u> to <u>Dec 2, 1950</u> , that I last saw the deceased alive on <u>Dec 2, 1950</u> , and that death occurred at <u>11:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carter W. Luter MD</u>		23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>12/4/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 5 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>
DATE REC'D BY LOCAL REG. <u>Dec 5 1950</u>	REGISTRAR'S SIGNATURE <u>Kendall Kury 17</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Lee Appleton City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/11/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12/11/50

SEP 18 1950

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 _____
on the 3d. day of Dec- 1950
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Frank Lee

Licensed Embalmer No. 1099
P. O. Address Appleton City M

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.