

STANDARD CERTIFICATE OF DEATH

37832

FILED DEC 2 1950

State File No.

0700

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

BIRTH NO. _____		REG. DIST. NO. <u>233</u>		PRIMARY REG. DIST. NO. <u>4348</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		c. LENGTH OF STAY (In this place) <u>25 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>wellsville</u>		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 S. 2nd. Street</u>				d. STREET ADDRESS (If rural, give location) <u>310 S. 2nd. Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>NORTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 27 1891</u>	
				9. AGE (In years last birthday) <u>59</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner - clay</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wellsville Fire Brick Company</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Norton</u>			13b. MOTHER'S MARDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia 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>497-03-6323</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Norton Wellsville Mo</u> ADDRESS _____			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</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) _____				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157x</u>					
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 <u>July 5, 1950</u> to <u>Nov 14, 1950</u> , that I last saw the deceased alive on <u>Nov 14, 1950</u> , and that death occurred at <u>11:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter F. Walls DO, Wellsville Mo.</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>11/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 21, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville Montg. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/21/50</u>		REGISTRAR'S SIGNATURE <u>W. S. Kornacker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Wells</u> ADDRESS <u>Wellsville Mo</u>			

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 27 1950

RECEIVED

OCT 7 1980

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 Self

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed

A. B. Kelle

Licensed Embalmer No. _____

P. O. Address _____

1588
Kelleville 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.