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

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39888

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1481

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 2842 Mitchell 0

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

4. DATE OF DEATH (Month) (Day) (Year): December 29 1950

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married /
8. DATE OF BIRTH: June 5, 1889
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 6, Days 24, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): grain buyer
10b. KIND OF BUSINESS OR INDUSTRY: grain company
11. BIRTHPLACE (State or foreign country): Nebr. /
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: Paul Norton
13b. MOTHER'S MAIDEN NAME: Mattie unknown
14. NAME OF HUSBAND OR WIFE: Mrs Verna Norton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): w w I
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Verna Norton — ADDRESS: 2842 Mitchell

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) Hemiplegia right — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 6mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 444X

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

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) 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* 26 Dec *, 19*50*, to* 29 Dec *, 19*50*, that I last saw the deceased alive on* 29 Dec *, 19*50*, and that death occurred at* 12:50 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Avon W Fleming M.D. 0 (Degree or title)
23b. ADDRESS: 520 Francis St St. Joseph Mo
23c. DATE SIGNED: 30 Dec 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): burial /
24b. DATE: 1/2/51
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): St. Joseph Mo.

DATE REC'D BY LOCAL REG.: Jan. 6, 1951
REGISTRAR'S SIGNATURE: Carl C. Casel
25. FUNERAL DIRECTOR'S SIGNATURE: Heaton-Bowman Funeral Home — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1951

MAR 5 1951

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 Milton Spaeding

Signed.....
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th, St Joseph 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.