

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9432

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 432

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy	
c. LENGTH OF STAY (in this place) 3 Wks		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sj Joseph's Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) T.	c. (Last) Norton	4. DATE OF DEATH (Month) (Day) (Year) March 11, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 19, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Lincoln County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John W. Norton	13b. MOTHER'S MAIDEN NAME Jane Ricks	14. NAME OF HUSBAND OR WIFE Elizabeth Norton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs Jessie Cox (Dau)	ADDRESS Troy, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of rectum with intestinal obstruction.		① 2 weeks
ANTECEDENT CAUSES		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	② 2 weeks
DUE TO (c) Benign prostatic hypertrophy & urinary retention		II. OTHER SIGNIFICANT CONDITIONS	③ 2 weeks
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-5-51	19b. MAJOR FINDINGS OF OPERATION Large fixed adenocarcinoma of rectum	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) 154X (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 Feb 27, 1951, to March 11, 1951, that I last saw the deceased alive on March 11, 1951, and that death occurred at 6:20A m., from the causes and on the date stated above.

23a. SIGNATURE Russell Glider MD (Degree or title)	23b. ADDRESS St Charles, Mo	23c. DATE SIGNED 3-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/13/51	24c. NAME OF CEMETERY OR CREMATORY Sulphur Lick Cemetery	24d. LOCATION (City, town, or county) (State) Lincoln County Missouri
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DATE REC'D BY LOCAL REG. March 14-51	REGISTRAR'S SIGNATURE Fannie Hammett	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KEMPER FUNERAL HOME TROY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

0923

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 19 1951

RECEIVED

MAY 22 1951

MAY 22 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.

Student \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

*Joseph J. March*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.