

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37487**
4680

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ray		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 5 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orrick, Mo.		X 089
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) Sharlee b. (Middle) Wilbur c. (Last) Norris			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31-51		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4-1896	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 1 Days 3	IF UNDER 24 HRS. Hours 3 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		11. BIRTHPLACE (State or foreign country) Newport, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Samuel Norris		13b. MOTHER'S MAIDEN NAME Sarah McAllister		14. NAME OF HUSBAND OR WIFE Ida Mae Hill	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-18-1929		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Mae Norris		ADDRESS Orrick, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure			ANTECEDENT CAUSES			3 wks.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			10 yrs.		
			DUE TO (b) Mitral and Aortic Stenosis			Approx. 10 yrs.		
			DUE TO (c) Rheumatic fever			3 days		
			II. OTHER SIGNIFICANT CONDITIONS Pulmonary infarction					
			Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from _____, 1949, to **Oct 31, 1951**, that I last saw the deceased alive on **Oct 31, 1951**, and that death occurred at **5:52 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE William F. Sanders (Degree or title)		23b. ADDRESS 1103 Grand, K.C. Mo.		23c. DATE SIGNED 10-31-51	
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24a. RURAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE Nov. 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) 5 Mi. n-w of Orrick, Mo	
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DATE REC'D BY LOCAL REG 11-2-51		REGISTRAR'S SIGNATURE Leraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good		ADDRESS Orrick, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

62128 E
1/10/11

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Victor E. Luning*

Licensed Embalmer No. *2896*

P. O. Address *Liberty, 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.