No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1894

State File No.

JAN 21 1952

BIRTH NO. REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mount Vernon
c. LENGTH OF STAY (In this place): 93 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin, 0495
d. STREET ADDRESS (If rural, give location): 1009 W. 3rd Street /

3. NAME OF DECEASED (Type or Print)
a. (First): Everette
b. (Middle): Emory
c. (Last): Norris

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: 1-16-89

9. AGE (In years last birthday): 62
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Colorado /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Everett West Norris

13b. MOTHER'S MAIDEN NAME: Isbell Ladd

14. NAME OF HUSBAND OR WIFE: Gertrude Lillian Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ruby Ann (Wilson) Peck, Mt. Vernon, Mo.

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) Adeno carcinoma of right lung, bronchogenic. — INTERVAL BETWEEN ONSET AND DEATH: Abt. 13 Mo.

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

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 162X
20. AUTOPSY? YES [X] 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* 10-16- *, 19* 51 *, to* 1-15- *, 19* 52 *, that I last saw the deceased alive on* 1-15- *, 19* 52 *, and that death occurred at* 10:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Brasher M.D. (Degree or title) 0
23b. ADDRESS: Mo. State Sanatorium, Mount Vernon, Mo.
23c. DATE SIGNED: 1-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-18-52
24c. NAME OF CEMETERY OR CREMATORY: Newcomers Crematory
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: Cecil Hendricks 4/1-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Memorial Funeral Home Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Frey

Licensed Embalmer No. 4768

P. O. Address Colin, 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.