

STANDARD CERTIFICATE OF DEATH

FILED APR 1 1952

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5067 Registrar's No. 18

060
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iantha, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iantha 0060</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>winona</u>	b. (Middle)	c. (Last) <u>Norton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 28, 1952</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 7, 1883</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Vachel Mullen</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Crist</u>	14. NAME OF HUSBAND OR WIFE <u>Lloyd Hazen Norton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. L. H. Norton</u>	ADDRESS <u>Tantha Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3-23-3-28</u> <u>Several yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Respiratory failure</u> DUE TO (b) <u>Myocardial insufficiency</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input 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 Jan, 1949, to March 28, 1952, that I last saw the deceased alive on 3/28, 1952, and that death occurred at 3:20 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Karl K. Kraft</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Lamar Mo</u>	23c. DATE SIGNED <u>3-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/30/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Iantha Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Iantha Mo.</u>
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DATE REC'D BY LOCAL MAR 20 1952 REG.	REGISTRAR'S SIGNATURE <u>Marie Korantz</u>	14-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence W. Childs</u>	ADDRESS <u>Lamar MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

Dr K

APR 6 1954

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, on _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Clarence H. Child

Licensed Embalmer No. 3473

P. O. Address Sumner 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.