

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
2224

FILED MAR 24 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2807 S. Jefferson Ave.				d. STREET ADDRESS (If rural, give location) 2807 S. Jefferson Ave.			
3. NAME OF DECEASED (Type or Print) Octa		a. (First)		b. (Middle)		c. (Last) Norris	
4. DATE OF DEATH Feb. 28, 1953		4. DATE (Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH October 7, 1901		9. AGE (In years last birthday) 51		10. UNDER 1 YEAR Months 4 Days 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Power Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Light, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gilbert Rowe		13b. MOTHER'S MAIDEN NAME Sarah Newberry		14. NAME OF HUSBAND OR WIFE Rhuben N. Norris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 489-18-8514		17. INFORMANT'S SIGNATURE OR NAME Rhuben N. Norris ADDRESS 2807 S. Jefferson Ave			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured dissecting aneurysm. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + arteriosclerosis. DUE TO (c) Unilateral pyelonephritis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6000			
22. I hereby certify that I attended the deceased from Autopsy performed, 10 by me. , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:45 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Walter G. Allen M.D.				23b. ADDRESS 634 N. Grand.		23c. DATE SIGNED 2-28-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/2/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) (State) Walcott, Ark.	
DATE REC'D BY LOCAL REG. MAR 2 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons ADDRESS 2630 Gravois Ave.			

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

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.