

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39376**

FILED DEC 14 1953

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>3026</b>		Registrar's No. <b>454</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY OR TOWN <b>INDEPENDENCE</b>		c. LENGTH OF STAY (in this place) <b>57 YEARS</b>		c. CITY OR TOWN <b>INDEPENDENCE</b>		10050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>INDEPENDENCE SANITARIUM</b>				d. STREET ADDRESS (If rural, give location) <b>9331 EAST 16TH STREET</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CARRIE</b>		b. (Middle) <b>CONNET</b>		c. (Last) <b>NORTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 1, 1953</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>April 20, 1882</b>	
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED SCHOOL TEACHER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>INDIANA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Nelson Connet</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elliott</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Joseph Norton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-36-1428</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. AM. RILEY</b> ADDRESS <b>621 E. KANSAS, IND. MO.</b>			
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) <b>Acute extensive myocardial infarction</b> ANTECEDENT CAUSES DUE TO (b) <b>Acute thrombosis of posterior coronary artery</b> DUE TO (c) <b>Coronary arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Healed anterior infarction due to old occlusion anterior coronary artery</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>Pathologist</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:35 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Lorraine E. Schultzy, M.D.</b> (Degree or title)				23b. ADDRESS <b>Independence Sanitarium &amp; Hospital</b>		23c. DATE SIGNED <b>12-2-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC 4, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY, KANSAS CITY, MISSOURI</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>12-4-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Newcome</b> ADDRESS <b>Sancti Kansas City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JAN 12 1957

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 E. Heron

Licensed Embalmer No. 4849

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.