

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18479

BIRTH NO. _____		REG. DIST. NO. 103		PRIMARY REG. DIST. NO. 4175		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harnersville</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harnersville</u>		D 350			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Rt #1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER LONZOE</u> b. (Middle) <u>NORTON</u> c. (Last) <u>NORTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2/17</u> 1954						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>2/6/1934</u>			
9. AGE (In years last birthday) <u>20</u>		10. MONTHS <u>11</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Beach and MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Beach and MO</u>				
11. BIRTHPLACE (City and State or Foreign Country) <u>Beach and MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Willie Norton</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Cheshire</u>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-38-6928</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Norton</u> ADDRESS <u>Harnersville MO</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental electrocution</u> 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. <u>E9149</u> <u>40</u>				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dunklin MO MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 17 54 27</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Touched high line wire</u>					
22. I hereby certify that I attended the deceased from <u>2/17/54</u> , to _____, 19____, that I last saw the deceased alive <u>that</u> 19____, and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Harnersville MO</u>		23c. DATE SIGNED <u>2/19/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/19/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harnersville</u>		24d. LOCATION (City, town, or county) (State) <u>Harnersville MO</u>			
DATE REC'D BY LOCAL REG. <u>JUN 16 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>					

Copy Of The Orig.
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 7 1934

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 Tom Emerson

Licensed Embalmer No. 896

P. O. Address Jonesboro, Ark

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.