

FILED JUN 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19665

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar No. 179

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>4542 A. Wichita</b> <span style="float: right;"><b>2189</b></span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter Robert Norton</b>		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>June 18, 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>August 17, 1873</b>		9. AGE (in years last birthday) <b>80</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>London England</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Walter Norton</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Hirst</b>	
14. NAME OF HUSBAND OR WIFE <b>Luella Clapp 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>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Miss Bertha Norton</b>		ADDRESS <b>Hannibal Missouri</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Thrombosis Cerebralis</b>	
19. DATE OF OPERATION		20. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH <b>13 hrs.</b>	
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. <b>3:32 X</b>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:00P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>W. L. Seem</b>		(Degree or title) <b>Dr.</b>		23b. ADDRESS <b>100 N 6th St</b>	
23c. DATE SIGNED <b>6/19/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6/18/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Vahallia Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis, Mo.</b>		DATE REC'D BY LOCAL REG. <b>6-19-54</b>	
REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. L. Seem</b>		ADDRESS <b>Hannibal Missouri</b>	

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

RECEIVED JUN 24 1954  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 24 1954

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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.....  
Signature of Student Embalmer

Signed *John S Ward*.....

Licensed Embalmer No...4540...

P. O. Address...Hannibal Miss...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.