

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains
c. LENGTH OF STAY (in this place) 33 yrs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION res.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Howell
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains
d. STREET ADDRESS (If rural, give location) 407 So. Hill St.

3. NAME OF DECEASED
a. (First) JOSEPH b. (Middle) EDWARD c. (Last) NORTON
(Type or Print)

4. DATE OF DEATH
(Month) (Day) (Year)
Sept 8, 1954

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 10, 1883

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins. Salesman

10b. KIND OF BUSINESS OR INDUSTRY New Eng. Mut Life

11. BIRTHPLACE (State or foreign country) Oakland, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Frank E Norton

13b. MOTHER'S MAIDEN NAME Bessie Smith

14. NAME OF HUSBAND OR WIFE Leota Overby Norton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. 487-36-6340

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. Eduw Norton, W. Plains, Mo.

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA, Acute 8 hours
ANTECEDENT CAUSES
DUE TO (b) CONGESTIVE HEART FAILURE 2 YEARS
DUE TO (c) ARTERIOSCLEROTIC HEART DIS 6 YEARS
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.

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 NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1954 to SEPT 8, 1954, that I last saw the deceased alive on SEPT 8, 1954 and that death occurred at 4:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack N. Wilson, M.D.

23b. ADDRESS West Plains, Mo.

23c. DATE SIGNED 9-11-54

24a. BURIAL (CREMATION, REMOVAL) (Specify) BURIAL

24b. DATE SEPT. 10, 1954

24c. NAME OF CEMETERY OR CREMATORY Oakhawn Cem.

24d. LOCATION (City, town, or county) (State) West Plains, Mo.

DATE REC'D BY LOCAL REG. 9-16-54

REGISTRAR'S SIGNATURE Beatrice Cook

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Sauer, W. Plains, Mo.

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

Hal Thonberg

Licensed Embalmer No.

3408

P. O. Address

W. Plains, N.J.

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.