

XC-1 985 464  
Reg.No. 5379 SL-2652

STANDARD CERTIFICATE OF DEATH

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43885  
State File No. 115 17  
Registrar's No. 115 17

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>ILLINOIS</b>		b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>915 N. Grand, St. Louis, Mo.</b> )		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY OR TOWN <b>WOOD RIVER</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		STREET ADDRESS (If rural, give location) <b>47 Carstens,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LESTER</b>	b. (Middle) <b>ROSCOE</b>	c. (Last) <b>NORTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 18 - 54</b>
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5. SEX <b>MALE 0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-29-96</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Show Card Writer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ashley, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frank M. Norton</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Soper</b>	14. NAME OF HUSBAND OR WIFE <b>Lessie Norton (wife)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	16. SOCIAL SECURITY NO. <b>334-16-2749</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSP. RECORDS, ST. LOUIS, MO.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 Years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of Liver</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>5810</b>
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22. I hereby certify that I attended the deceased from **12/16/54**, 19**54**, to **12/18/54**, 19**54**, that death occurred at **4:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Donald L. Stoner</b> <b>DONALD L. STONER</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	23c. DATE SIGNED <b>12/18/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-18-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	24d. LOCATION (City, town, or county) (State) <b>Wood River, Illinois,</b>
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DATE REC'D BY LOCAL REG. <b>DEC 18 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith - M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marks Funeral Home, Wood River, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.