

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 887

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2100		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Springfield</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>3 mos.</b>		c. CITY OR TOWN <b>Springfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Goss Nursing Residence</b> <i>304 Kimbroach</i>				No. STREET ADDRESS (If rural, give location) <b>Goss Nursing Residence</b> <i>304 Kimbroach</i> 0396			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b>		b. (Middle) <b>NAPOLEON</b>		c. (Last) <b>NORRIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12, 1955</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>Oct. 6, 1875</b>	
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 14 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Laclede County, Mo.,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Robinson</b>		14. NAME OF HUSBAND OR WIFE <b>Louisa Jane Norris (dec.)</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>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Norris, Springfield, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture hip rth</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic</b> DUE TO (c) <b>Acute Disease</b>  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 <b>11/13/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fracture hip</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield Greene Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11 12 54 (3)</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall</b>			
22. I hereby certify that I attended the deceased from <b>Nov 12, 1954</b> , to <b>JAN 12, 1955</b> , that I last saw the deceased alive on <b>JAN 13, 1955</b> , and that death occurred at <b>7:15p m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Please print) <b>W. C. Francis M.D.</b>				23b. ADDRESS <b>Springfield, Missouri</b>		23c. DATE SIGNED <b>1/13/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/14/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Eastlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-13-55</b>		REGISTRAR'S SIGNATURE <b>Edw. Williamson</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>Harry C. ...</b>		ADDRESS <b>Springfield, Mo.,</b>	

WRITE PLAINLY—USING UNFADING PENCIL IN MISSOURI PERMANENT RECORD

623 West Walnut

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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. 459

P. O. Address Springfield,

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.