

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3730

State File No. _____

FILED JAN 25 1955

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4546</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Mo</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Denver</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Mo</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Denver, mo</u> d. STREET ADDRESS (If rural, give location) <u>1130 0</u>			
3. NAME OF DECEASED (Type or Print) <u>RALPH</u>		a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>NORTON</u>	
4. DATE OF DEATH <u>Jan 7 1955</u>		5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 28 - 1898</u>		9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>day laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Denver mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Arthur Norton</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Stanton</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Norton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-18-7794</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Norton</u>		ADDRESS <u>Denver 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</u> ANTECEDENT CAUSES <u>Blood stream</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>			
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>54</u> , to <u>Jan 7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 5</u> , 19 <u>55</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles N. Williamson MD</u>		23b. ADDRESS <u>Denver mo</u>		23c. DATE SIGNED <u>1-16-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 9 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prarie Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Denver mo</u>	
DATE REC'D BY LOCAL REG. <u>1-19-1955</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>		FUNDAL DIRECTOR'S SIGNATURE <u>KA Brown</u>		ADDRESS <u>Denver mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1130

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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Grant City Mo.*

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.