

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5220

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 54

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> | | c. CITY OR TOWN <u>Independence</u> | |
| c. LENGTH OF STAY (in this place) <u>4 days</u> | | d. Residence within limits of city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u> | | STREET ADDRESS (If rural, give location) <u>110 South Fuller</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> | b. (Middle) <u>E.</u> | c. (Last) <u>Norton</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 11 - 1955</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Jan-29-1885</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>12</u> | IF UNDER 24 HRS Hours <u></u> Mins. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>seamstress</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shirt Factory</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Greenwood Co. - Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |

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| 13a. FATHER'S NAME <u>Threl Norton</u> | 13b. MOTHER'S MARRIED NAME <u>Laura Reed</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>487-03-5165</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maude Kidder</u> | ADDRESS <u>Independence</u> |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrenous large & small intestine</u> | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Large mesenteric Artery Thrombosis</u> DUE TO (c) <u>Arteriosclerotic debris of aorta Chronic duodenal ulcer</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left arm - healing</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4-2-11</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? |
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22. I hereby certify that I attended the deceased from Jan, 1955, to Feb., 1955, that I last saw the deceased alive on Feb. 10, 1955, and that death occurred at 1:30 am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Robert Hosner MD</u> (Degree or title) | 23b. ADDRESS <u>Independence, Mo</u> | 23c. DATE SIGNED <u>2-11-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 14-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Thornand Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>2-13-55</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FEDERAL DIRECTOR'S SIGNATURE <u>Poland R. Speaks</u> | ADDRESS <u>Independence Mo</u> |
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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.....
Signature of Student Embalmer

Signed *Raymond M. Hardy*.....

Licensed Embalmer No. *491*.....

P. O. Address *Index 77*.....

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.