

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12088
1570

State File No.

FILED APR 28 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 15 Yrs

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

STREET ADDRESS (If rural, give location) 2813 Madison 3458

3. NAME OF DECEASED
a. (First) Martha b. (Middle) C. c. (Last) Norris

4. DATE OF DEATH (Month) (Day) (Year) 4 6 1955

5. SEX fem

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div 3

8. DATE OF BIRTH 12-11-1910

9. AGE (In years last birthday) 44

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) MAYSVILLE MO 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Philip Thompson

13b. MOTHER'S MAIDEN NAME Lelia B Minor

14. NAME OF HUSBAND OR WIFE Jesse C Norris (Div)

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. 500-14-8159

17. INFORMANT'S SIGNATURE OR NAME ADDRESS NETTA NORRIS 412 KENTUCKY

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis
ANTECEDENT CAUSES
DUE TO (b) Bronchial obstruction
DUE TO (c) Bronchiectasis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 526X

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)

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 March 31, 1955, to April 6, 1955, that I last saw the deceased alive on April 6, 1955, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) M.D.

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 4-6-1955

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 4-9-55

24c. NAME OF CEMETERY OR CREMATORY Floral Hills

24d. LOCATION (City, town, or county) (State) KANSAS CITY MO

DATE REC'D BY LOCAL REG. 4-8-55

REGISTRAR'S SIGNATURE Neval Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil X.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas A. Steel*.....

Licensed Embalmer No. *495*

P. O. Address *X.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.