

STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1955

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5033 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>Audrain County, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Rural - Upper Route</u>		c. LENGTH OF STAY (In this place) <u>5 months</u>	c. CITY OR TOWN <u>Martinsburg</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi S.W. of Martinsburg</u>		e. STREET ADDRESS (If rural, give location) <u>6 Miles S.W. of Martinsburg</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u>	b. (Middle) <u>CLARK</u>	c. (Last) <u>NORRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 17 55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 19 1893</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RFD, Mexico, Mo., Audrain</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>S. S. Norris</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Seal</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>Yes   World War I</u>	16. SOCIAL SECURITY NO. <u>325-07-3615</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beanie Staten Wellsville</u>	ADDRESS <u>Wellsville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroners inv. without Jury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>low around wound. near</u>
	ANTECEDENT CAUSES <u>a shotgun wound in left side be floating ribs in direction and heart. Powder burns in &amp; around Rigor Mortis had set in, shotgun was body and a forked stick.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Subject was in bad health and was regularly seeing Dr. Chas. Garcia, M.D., Mexico, Mo.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Upper Route Audrain Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-17-55-6a m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shotgun wound in left chest</u>

22. I hereby certify that I attended the deceased from Inquest, 1955, to 6 a m., 1955, that I last saw the deceased alive on Died, 1955, and that death occurred at 6 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. C. Adams, M.D. Coroner</u>	23b. ADDRESS <u>Mexico, Mo.</u>	23c. DATE SIGNED <u>9-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/19/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Augusta Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shamrock, Callaway Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 18 1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. Wells</u>	ADDRESS <u>Wellsville</u>
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

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SEP 28 1955

OCT 18 1955

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 *A. B. Kells*

Licensed Embalmer No. *157*

P. O. Address *Keller*

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.