

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37907**

FILED DEC 7 1955

BIRTH NO.		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 6058		Registrar's No. 621		
1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair				
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural *Collins		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Collins		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Collins Township				e. STREET ADDRESS (If rural, give location) 0902				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Raymond c. (Last) Norris			4. DATE OF DEATH (Month) (Day) (Year) Dec; 3, 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov; 28, 1904		
9. AGE (in years last birthday) 51		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) Farming			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Nebraska		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John C. Norris			13b. MOTHER'S MAIDEN NAME Mollie Brown			14. NAME OF HUSBAND OR WIFE Martha Norris		
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.		17. INFORMANT'S SIGNATURE OR NAME Martha Norris, Collins Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Oct 1 , 1955, to Dec 3 , 1955, that I last saw the deceased alive on Nov 1 , 1955, and that death occurred at 9:00 A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) D. E. D. Brown D.O.					23b. ADDRESS Collins Mo		23c. DATE SIGNED 12-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-5-55	24c. NAME OF CEMETERY OR CREMATORY Roanok		24d. LOCATION (City, town, or county) (State) Roanok Missouri			
DATE REC'D BY LOCAL REG. 12-4-55		REGISTRAR'S SIGNATURE Paul Seewers		25. FUNERAL DIRECTOR'S SIGNATURE 288-0		ADDRESS Roanok Funeral Home		

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 *Paul J. [unclear]*.....

Licensed Embalmer No. *299*

P. O. Address *[unclear]*

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.