

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40784

State File No. _____

FILED JAN 11 1956

5647

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
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 OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>55 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSPITAL</u>				81. STREET ADDRESS (If rural, give location) <u>5915 THE PASSE</u> <u>34170</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>VICTOR</u>			b. (Middle) <u>C.</u>		c. (Last) <u>NORQUIST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 23. 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 23. 1881</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - VICE PRESIDENT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Butler Mfg. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MORGANVILLE, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>MONS NORQUIST</u>			13b. MOTHER'S MAIDEN NAME <u>KARIN FREED</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIAN NORQUIST</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>487-01-9789</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LILLIAN NORQUIST</u> ADDRESS <u>5915 THE PASSE KANSAS CITY 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>	ANTECEDENT CAUSES						3 1/2 hrs	
DUE TO (b) <u>Coronary Artery Thrombosis</u>	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						2 1/2 hrs	
DUE TO (c) <u>Arteriosclerotic heart disease</u>	II. OTHER SIGNIFICANT CONDITIONS						3 yrs	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive cardiovascular disease 10 yrs</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Nov 15, 1953</u> , to <u>Dec 23, 1955</u> , that I last saw the deceased alive on <u>Dec 23, 1955</u> , and that death occurred at <u>3:47 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edw. H. Fischer</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>306 E 21st NKC 16 MO</u>		23c. DATE SIGNED <u>Dec 26 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 27. 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>12.27.55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Hewcomer</u> ADDRESS <u>1331 BRUSH CREEK</u>		KANSAS CITY 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 *Jess T. Deves*.....
Licensed Embalmer No. *445*.....

P. O. Address *Hammond*.....

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.