

FILED DEC 4 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 38795

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5770 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY OR TOWN Rural Madison Township		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) life		e. STREET ADDRESS (If rural, give location) Rural Madison Township	
3. NAME OF DECEASED (Type or Print) Hazel		a. (First) b. (Middle) c. (Last) Norton	4. DATE OF DEATH Nov. 22 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6 1902
9. AGE (In years last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Wife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Walter Brush	13b. MOTHER'S MAIDEN NAME Chrissa Nigh	14. NAME OF HUSBAND OR WIFE Ronald Norton
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 ADDRESS Ronald Norton Spickard Mo.

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. Oct 19-1955	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus INTERVAL BETWEEN ONSET AND DEATH about 2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 174.X	
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19a. DATE OF OPERATION May clinic	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)	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 8, 1956, to Nov 22, 1956, that I last saw the deceased alive on Nov 16, 1956, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Houllers	(Degree or title) M.D.	23b. ADDRESS Trenton Mo	23c. DATE SIGNED Nov 24 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 24 1956	24c. NAME OF CEMETERY OR CREMATORY Chestnut Cemetery	24d. LOCATION (City, town, or county) (State) Mercer Co., Mo.

DATE REC'D BY LOCAL REG 11-24-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schooler Funeral Home Spickard Mo.
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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 *Ros Wise*.....

Licensed Embalmer No. *3771*.....

P. O. Address *Spokane, M*.....

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.