

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1958

1364  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 170

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb 82 yrs	d. STREET ADDRESS (If outside, give location) 3629 Virginia
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JAMES P. NORTON			4. DATE OF DEATH Month Day Year Jan 11 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-25-1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Part - Owner	10b. KIND OF BUSINESS OR INDUSTRY Norton Garage	11. BIRTHPLACE (City and state or country) Amby, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Norton	13b. MOTHER'S MAIDEN NAME Margaret Hanrahan	14. NAME OF HUSBAND OR WIFE Anna Norton
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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) None	16. SOCIAL SECURITY NO. 494-20-8439A	17. INFORMANT Frank Norton, 103 W. Armour
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured right hip		INTERVAL BETWEEN ONSET AND DEATH 11 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell on floor
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 12-31-57
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.	COUNTY 23	STATE
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21. I attended the deceased from 1953 to 1-11-1958 and last saw him alive on 1-11-58  
Death occurred at 10:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roy F. Drake, M.D.	(D, type or title)	22b. ADDRESS 1032 Professional Bldg	22c. DATE SIGNED 1-11-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-13-58	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) Kansas City, Mo.	(State)
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24. FUNERAL DIRECTOR Mellody-McGiley-Eylar Funeral Home	ADDRESS Linwood - Main	25. DATE RECD. BY LOCAL REG. 1-12-58	26. REGISTRAR'S SIGNATURE Neva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
Roy F. Drake

No. Reg. Book  
Prof Body

Bal-5899

20

2PM-5:30P

### STATEMENT BY LICENSED EMBALMER

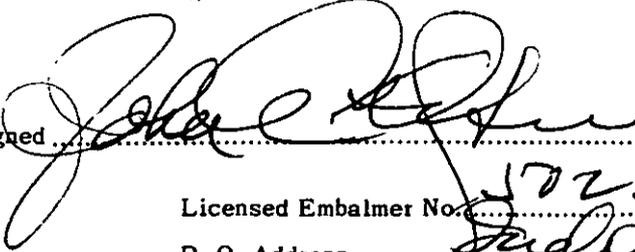
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by ....., Student Embalmer No. ....

working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 572 .....

P. O. Address Judge .....

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.