

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2176

State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 4370 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Hodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hodaway</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chapman</u>		c. LENGTH OF STAY (in this place) <u>4 wks.</u>	c. CITY OR TOWN <u>Burlington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walter Nursing Home</u>		No. STREET ADDRESS (If rural, give location) <u>2740</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SADIE</u>	b. (Middle) <u>ALICE</u>	c. (Last) <u>NORRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20 1958</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>May 27, 1880</u>	9. AGE (In years last birthday) <u>78</u>	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>(CITY NOT KNOWN) Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>(Not known) Merritt</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. O'Brien</u>	14. NAME OF HUSBAND OR WIFE <u>Albert R. Bartlett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Bartlett</u>	ADDRESS <u>Burl. Jct. Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infection of Ind. Iles. Bronch.</u>		
	DUE TO (c) <u>Perforation lesser curvature of stomach - healed</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from _____ 19____, to Jan 20, 1958, that I last saw the deceased alive on Jan 19, 1958, and that death occurred at 8:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Maureen Ford M.D.</u>	23b. ADDRESS <u>Chapman</u>	23c. DATE SIGNED <u>Jan 20 58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-22-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Burl. Jct. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-1-58</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas</u>	ADDRESS <u>Burl. Jct. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8961 5 NR

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.....

J. Brown
Licensed Embalmer No. 296

P. O. Address *Burlington*

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.