

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018844

STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 15

300
-57

0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Knox		5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 16, 1897		9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Employee		11. BIRTHPLACE (City and state or country) Knox City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
b. CITY OR TOWN Edina Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hosp. Length of stay in lb 1 day		3. NAME OF DECEASED (Type or print) First Roy Middle B. Last Norton		4. DATE OF DEATH Month May Day 14 Year 1958		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Employee		10b. KIND OF BUSINESS OR INDUSTRY		10c. TIME OF INJURY Hour 12:40 Month May Day 8 Year 1958		10d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		10e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gorin Cemetery		10f. CITY, TOWN, OR LOCATION Gorin, Missouri	
13a. FATHER'S NAME George Norton		13b. MOTHER'S MAIDEN NAME Sarah Boltz		13c. NAME OF CEMETERY OR CREMATORY Gorin Cemetery		13d. LOCATION (City, town, or county) (State) Gorin, Missouri		14. NAME OF HUSBAND OR WIFE Bertha Norton		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. W. 2		16. SOCIAL SECURITY NO. 0		17. INFORMANT Mrs. Bertha Norton, Gorin, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis DUE TO (b) Chronic Purulent Bronchitis + Bronchopneumonia DUE TO (c) Chronic Pulmonary Congestion caused by Corrigital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Record to the terminal disease condition given in PART I (a)) 5021		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)		21. I attended the deceased from May 8, 1958 to May 14, 1958 and last saw ^{her} him alive on May 14, 1958 Death occurred at 12:40 A. m. on the 8 May 19 58 ; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. H. Gibson, D.O.		22b. ADDRESS Edina, Mo.		22c. DATE SIGNED 5-19-58		23a. BURIAL, CREMATION, or other disposal (Specify) Burial		23b. DATE May 16, 1958		23c. NAME OF CEMETERY OR CREMATORY Gorin Cemetery		23d. LOCATION (City, town, or county) (State) Gorin, Missouri	
24. FUNERAL DIRECTOR Gertrude Bennett		ADDRESS Memphis Mo		25. DATE RECD. BY LOCAL REG. May 20-58		26. REGISTRAR'S SIGNATURE Helle A. Humolt		27. (Licensed Embalmer's Statement on Reverse Side)											

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1958

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 *Albert C Genth*

Licensed Embalmer No. *4257*

P. O. Address *Memphis TN*

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.