

HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033414

STATE FILE NUMBER

FILED OCT 8 1958

Registration District No. 181

Primary Registration District No. 4293

Registrar's No. 52

5. 300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELSBERRY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ELSBERRY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LADELLE N.H.		Length of stay in lb 10 DAYS	d. STREET ADDRESS (If outside, give location) 109^A S. FIFTH
3. NAME OF DECEASED (Type or print) First SARA Middle ROSE Last NORTON			4. DATE OF DEATH Month SEPT. Day 21, Year 1958
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 16, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) WRIGHT CITY, Mo 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME THOMAS DYER	
13b. MOTHER'S MAIDEN NAME SARA ROSE		14. NAME OF HUSBAND OR WIFE OTIS 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. NONE	17. INFORMANT Address OTIS NORTON ELSBERRY, 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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 21 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			331X
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 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from Feb 15, 1955 to Sept 21, 1958 and last saw her alive on Sept 21, 1958 Death occurred at 11:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. M. Hull (Degree or title)		22b. ADDRESS Cladery Mo.	22c. DATE SIGNED Sept 21, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-23-58	23c. NAME OF CEMETERY OR CREMATORY GRANDVIEW	23d. LOCATION (City, town, or county) (State) RED-HANNIBAL, Mo.
24. FUNERAL DIRECTOR Ricks	ADDRESS ELSBERRY, Mo	25. DATE RECD. BY LOCAL REG. 10/6/1958	26. REGISTRAR'S SIGNATURE Mrs Clarence Kientz

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 *[Handwritten Signature]*

Licensed Embalmer No. 4012
P. O. Address Elsberry, Mo

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.