

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036812

STATE FILE NUMBER

FEB OCT 28 1958

Registration District No. 156 Primary Registration District No. 2901 Registrar's No. 500

300
1-57

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| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN JOPLIN 0495 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSP. | | Length of stay in 1b 48 YRS | d. STREET ADDRESS (If outside, give location) 515 PEARL AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First VERNE Middle Last NORTON | | | 4. DATE OF DEATH Month OCTOBER Day 15 Year 1958 | |
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| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH APRIL 28, 1880 | 9. AGE (In years last birthday) 78 | 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) AUTO AGENCY - SALES AND SERVICE | | 10b. KIND OF BUSINESS OR INDUSTRY SALES AND SERVICE | 11. BIRTHPLACE (City and state or country) CLARKVILLE, IOWA | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME ALBERT NORTON | | 13b. MOTHER'S MAIDEN NAME LILLIE EBERSOLE | 14. NAME OF HUSBAND OR WIFE |
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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) NO | 16. SOCIAL SECURITY NO. UNK | 17. INFORMANT MARION NORTON, AIRPORT DR., JOPLIN | Address |
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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) coronary occlusion DUE TO (b) arteriosclerotic heart disease DUE TO (c) 4200 | | INTERVAL BETWEEN ONSET AND DEATH 10 min. |
| 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"/> |

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| 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 Month, Day, Year a.m. p.m. | | |

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|---|--|---|-------------------------|--------------------------|
| 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 JOPLIN | COUNTY JASPER | STATE MISSOURI |
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| 21. I attended the deceased from 10-13-58 to 10-15-58 and last saw ^{her} him alive on 10-15-58 Death occurred at 7:40 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22. SIGNATURE Ormal P. Patterson, MD | (Degree or title) | 22b. ADDRESS 418 Wall Joplin, Mo | 22c. DATE SIGNED 10-12-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 10-18-58 | 23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY, | 23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI |
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| 24. FUNERAL DIRECTOR STEVE PARKER MO RTUARY, JOPLIN, MO | ADDRESS | 25. DATE RECD. BY LOCAL REG. 10-24-58 | 26. REGISTRAR'S SIGNATURE Dove Merriam |
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Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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c

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *J. P. Harris*

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.