

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038767
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 89

5. 300
1-57

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|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY ATCHISON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY HD LT | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FAIRFAX | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN MOUND CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COMMUNITY HOSP. | | Length of stay in 1b 5 WEEKS | d. STREET ADDRESS 644 G | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MARY LAY Middle MAY Last NORRIS | | | 4. DATE OF DEATH Month NOV. Day 13th Year 1958 | | |
| 5. SEX FEMALE 1 | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH OCT. 4 1876 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) PAWNEE CITY NEBRASKA 1 | | 12. CITIZEN OF WHAT COUNTRY? U. S. |
| 13a. FATHER'S NAME GARRET BROTT | | 13b. MOTHER'S MAIDEN NAME CHARLOTTE | | 14. NAME OF HUSBAND OR WIFE J. OATIS NORRIS | |
| 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 MRS. NOEL ANDLER FOREST CITY 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 Thrombosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks |
| 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) 332 X | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 July 1, 1952 , to Nov 13, 1958 and last saw her ^{her} alive on Nov 13, 1958 Death occurred at 10:15 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE J. F. Sullivan M.D. (Degree or title) | | | 22b. ADDRESS Oregon Mo | | 22c. DATE SIGNED 11-14-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11-16-58 | 23c. NAME OF CEMETERY OR CREMATORY BENTON | | 23d. LOCATION (City, town, or county) (State) FOREST CITY MO. |
| 24. FUNERAL DIRECTOR James H. Pettigrew ADDRESS OREGON MO. | | | 25. DATE RECD. BY LOCAL REG. Nov 16 1958 | 26. REGISTRAR'S SIGNATURE Theroin N. Schaefer | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *James H. Pettigrew*
Licensed Embalmer No. *3192*
P. O. Address *Oregon*

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.