

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040767

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 210 Primary Registration District No. 5770 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY MERCER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MERCER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MADISON TOWNSHIP		c. CITY OR TOWN MILL GROVE 0650	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) MADISON TOWNSHIP	

3. NAME OF DECEASED (Type or print) SILAS FLOYD NORTON			4. DATE OF DEATH NOV 16 1958		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH SEPT 27 1885		9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY FARMER	
11. BIRTHPLACE (City and state or country) MERCER CO. MO.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JESSE NORTON			14. MOTHER'S MAIDEN NAME LOUISE WHITESTINE		
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.		17. INFORMANT ALVA NORTON Address MILL GROVE 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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 days 8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis		
DUE TO (c) 4201		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pneumonia 7 2 days duration		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 10:25 Month, Day, Year NOV 16 1958 a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <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 Mill Grove COUNTY MERCER STATE MO.
21. I attended the deceased from November 1, 1958 to 11-16-58 and last saw him alive on 11-16-58 Death occurred at 10:25 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) W. L. Spickard M.D.	22b. ADDRESS Canisville, Mo.	22c. DATE SIGNED 11-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV-19-1958	23c. NAME OF CEMETERY OR CREMATORY HAMILTON CEMETERY
23d. LOCATION (City, town, or county) MERCER CO. MO.		

24. FUNERAL DIRECTOR SCHOOLER FUNERAL HOME ADDRESS SPICKARD MO.	25. DATE RECD. BY LOCAL REG. 11-17-58	26. REGISTRAR'S SIGNATURE Loel Math
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

395 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..... *Ross Wise*

Licensed Embalmer No. *277*

P. O. Address *Spickard St.*

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.