

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044935
State File No.

X
FILED DEC 30 1958

BIRTH NO.		REG. DIST. NO. <u>211</u>	PRIMARY REG. DIST. NO. <u>4324</u>	Registrar's No. <u>44-58</u>
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Misso Colorado</u> b. COUNTY <u>Pueblo</u>		
b. CITY OR TOWN <u>Tussumbia</u>	c. LENGTH OF STAY (in this place) <u>1 DAY</u>	c. CITY OR TOWN <u>Pueblo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys-Hospital</u>		STREET ADDRESS (If rural, give location) <u>2115-W-19th ST</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAUNITA-</u> b. (Middle) <u>Maxine</u> c. (Last) <u>NORRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>23 Nov-1924</u>	9. AGE (In years last birthday) <u>34</u> IF UNDER 1 YEAR: Months - Days IF UNDER 24 HRS: Hours - Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALANZO-D-ELLERMAN</u>		13b. MOTHER'S MAIDEN NAME <u>Josie-HAYS</u>		14. NAME OF HUSBAND OR WIFE <u>Robert-Clifton-Norris</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josie-Hay-ELLERMAN-</u> ADDRESS <u>EL Dorado Springs Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SKULL FRACTURE</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>SEVERE CONTUSION LUNGS</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>HEMORRHAGE LUNGS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS.</u> <u>12 HRS</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>AUTOMOBILE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HWY 54</u> <u>CAMDEN</u> <u>MO.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-25-58 7:25 P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>AUTOMOBILE COLLISION</u>		
22. I hereby certify that I attended the deceased from <u>12-25-</u> , 19 <u>58</u> , to <u>12-26-</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>12-26-</u> , 19 <u>58</u> , and that death occurred at <u>7:00 A. m.</u> , from the causes and on the date stated above.				
23. SIGNATURE (Degree or title) <u>M. E. Humphreys D.O. 2</u>		23b. ADDRESS <u>Tussumbia-Mo</u>		23c. DATE SIGNED <u>29 Dec-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 29, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LOVE</u>	24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 27, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Hays</u>		ADDRESS <u>ELDON - MO</u>

FEB 9 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 *Rich M. Kaye*.....

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.