

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044938

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 45-58

1. PLACE OF DEATH
 a. COUNTY Miller
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tusculumbia -
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Colorado b. COUNTY Pueblo
 c. CITY OR TOWN Pueblo 8052
 d. STREET ADDRESS (If outside, give location) 215 W-19th St
 Inside Limits Yes No
 Inside Limits Yes No
 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
 Robert Clifton Norris

4. DATE OF DEATH Month Day Year
 Dec-27 1958

5. SEX Male

6. COLOR OR RACE White

7. ~~MARRIED~~
 WIDOWED 2 DIVORCED

8. DATE OF BIRTH 13 Feb 1925

9. AGE (In years last birthday) 33

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)
 TRACTOR-DRIVER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (City and state or country) FALL CITY - Neb 1

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME LLOYD E - NORRIS

13b. MOTHER'S MAIDEN NAME Violet - Walbridge

14. NAME OF HUSBAND OR WIFE GAUNITA - MAXINE - NORRIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
 YES WW II

16. SOCIAL SECURITY NO. 490-20-3388

17. INFORMANT Address Lloyd - Norris - Pueblo - Col

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) HEMORRHAGE INTO AND RUPTURE OF LUNGS
 DUE TO (b) SEVERE CONTUSION OF CHEST
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH
 2da
 2da
 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 WAS IN AUTOMOBILE ACCIDENT

20c. TIME OF INJURY Hour Month, Day, Year
 7:25 p.m. 12-25-58

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 AUTOMOBILE

20f. CITY, TOWN, OR LOCATION COUNTY STATE
 HWY 54, CAMDEN, MO.

21. I attended the deceased from Death occurred at 1:04 PM on 12-25-58 to 12-27-58 and last saw him alive on 12-27-58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
 M. E. Humphreys DO

22b. ADDRESS Tusculumbia - Mo

22c. DATE SIGNED 27 Dec-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 29 Dec-58

23c. NAME OF CEMETERY OR CREMATORY Love -

23d. LOCATION (City, town, or county) (State) EL DAPADO - SPRINGS - MO

24. FUNERAL DIRECTOR ADDRESS
 Keith M. Faye, Eldon, Mo.

25. DATE RECD. BY LOCAL REG. Dec. 27, 1958

26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc. must use only standard nomenclature in recording cause of death. All diseases in Part I must be causally related.

1959 FEB 9

1959 MAY 7 JAN 23-1959

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 *Keith M. Fays* 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.