Health, & Welfare Public Service

S. 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED VS SEP 17 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-032951
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Freistatt — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4 Crest View Rest Home — Length of stay in 1b: 6 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: LAWRENCE
c. CITY OR TOWN: 0550 Chesapeake — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): NONE — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Alice — Middle — Last Norris
4. DATE OF DEATH: Month 9 Day 6 Year 59
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-24-01
9. AGE (In years last birthday): 58 — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and state or country): Chesapeake, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: C. H. Rodgers
14. MOTHER'S MAIDEN NAME: Sarah Ann Garner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: P.H. Rodgers — Address: Monett, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Carcinoma Breast + Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 years
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): Arteriosclerosis Kendyds 170 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2/9/59, to 8/27/59 and last saw her alive on 8/27/59
Death occurred at ~~[illegible]~~ 7:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E B Brown MD
22b. ADDRESS: Aurora Mo.
22c. DATE SIGNED: 9/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT 8, 1959
23c. NAME OF CEMETERY OR CREMATORY: Ruckman Cemetary
23d. LOCATION (City, town, or county) (State): 16 miles N.E. of Mt. Vernon, Mo.

24. FUNERAL DIRECTOR — ADDRESS: H. D. Fossett - Mt. Vernon, Missouri
25. DATE RECD. BY LOCAL REG.: 9-9-59
26. REGISTRAR'S SIGNATURE: Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. O. Lanett

Licensed Embalmer No. 220

P. O. Address Mt. Vernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.