

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 2 1960

=60-006948

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 55-96 Registrar's No. 20

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|---|----------------------------------|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Valle Twp.</u> Length of stay in 1b <u>30 Days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 2, DeSoto, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u> c. CITY OR TOWN <u>Valle Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Rt. 2, DeSoto</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Roger</u> Middle <u>Witham</u> Last <u>Norton</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>21</u> Year <u>1960</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/24/84</u> | 9. AGE (last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Printing Firm</u> | | 11. BIRTHPLACE (City and state or country) <u>Chicago, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Julius W. Norton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Hack</u> | | 14. NAME OF HUSBAND OR WIFE <u>Anna Norton</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>352-09-3723A</u> | | 17. INFORMANT <u>Marian Lucas</u> Address <u>Rt. 2, DeSoto, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ 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 <u>5 Hr.</u> | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | 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 _____ | | 20g. COUNTY _____ | | 20h. STATE _____ | | | |
| 21. I attended the deceased from <u>2-20-60</u> to <u>2-21-60</u> and last saw him alive on <u>2-21-60</u> Death occurred at <u>12:15</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>R E Pierce, Do</u> | | | 22b. ADDRESS <u>105 Easton, DeSoto, Mo</u> | | 22c. DATE SIGNED <u>2-22-60</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2/23/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u> | | 23d. LOCATION (City, town, or county) (State) <u>DeSoto Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>J. Lee Mothershead</u> ADDRESS <u>DeSoto, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Feb. 22-1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Maries Parrish</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address De Soto, 2

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