

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016705  
STATE FILE NUMBER

Registration District No. 49 Primary Registration District No. 9069 Registrar's No. 7

FILED MAY 16 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Camden</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Macks Creek</b>  |   | Length of stay in <b>11</b> years   | c. CITY OR TOWN <b>Macks Creek</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |   | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Walter Clyde Norris</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>May 4, 1961</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb. 6, 1882</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Structural steel worker</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>iron worker</b>   | 9. AGE (last birthday)<br><b>79</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>Bates County, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>John Norris</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Samaria Johnston</b>  | 14. NAME OF HUSBAND OR WIFE<br>-----   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>-----   |   | 17. INFORMANT<br>Address<br><b>Lona Smith Macks Creek, Missouri</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Anoxia</b> INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Congestive Heart Failure</b> <b>1 year</b>   |   |   |  |
| DUE TO (c) <b>Pulmonary Fibrosis</b> <b>20 years</b>   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))<br><b>Severe Atherosclerosis</b>   |   |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour Month, Day, Year<br>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  | COUNTY STATE   |
| 21. I attended the deceased from <b>December 1960</b> to <b>May 1961</b> and last saw her alive on <b>May 9, 1961</b><br>Death occurred at <b>10:00 A.M.</b> on the date stated above, and to the best of my knowledge from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><i>Kenneth Ridgeley D.D.</i>   |   | 22b. ADDRESS<br><b>Camden, Missouri</b>   | 22c. DATE SIGNED<br><b>5/6/61</b>  |
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><b>burial</b>  | 23b. DATE<br><b>5/6/61</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Macks Creek Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Macks Creek, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><i>Walter Hedges</i><br><b>Walter Hedges Funeral Home</b>  |   | ADDRESS<br><b>Camden, Mo.</b>   | 25. DATE RECD. BY LOCAL REG. <b>5/8-1961</b> 26. REGISTRAR'S SIGNATURE<br><i>Alda Eldred</i>   |

MAY 17 1961

**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 *Walter P. Hedges*

Licensed Embalmer No. 4265

P. O. Address Camdenton, 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.