

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033575
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 304A Registrar's No. 60

AMENDED

FILED OCT 4 1961

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		Length of stay in 1b <u>6 weeks</u>	c. CITY OR TOWN <u>FREDERICKTOWN</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 miles N.E. Fredericktown</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>RALPH HERBERT NORTON</u>			4. DATE OF DEATH Month Day Year <u>SEPT. 25 1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-27-1904</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>2</u> Day <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>TERRE HAUTE, Indiana</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>WILLIAM H. NORTON</u>		13b. MOTHER'S MAIDEN NAME <u>LUNA M. CONWAY</u>		14. NAME OF HUSBAND OR WIFE <u>HELENA F. NORTON</u>	

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

17. INFORMANT Address
HELENA F. NORTON, R#1, Fredericktown, MO

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>GUN WOUND</u>	INTERVAL BETWEEN ONSET AND DEATH <u>INST.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>LEFT SIDE THRU HEART.</u>	
DUE TO (c) <u>.410</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>WAS ALONE IN THE WOODS</u>
20c. TIME OF INJURY Hour <u>1:00</u> p.m. Month, Day, Year <u>SEPT 25 1961</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	20f. CITY, TOWN, OR LOCATION <u>5 MI. N.E. FREDERICKTOWN</u>	COUNTY <u>MADISON</u>	STATE <u>MO.</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Ray Wilson Coroner</u>	22b. ADDRESS <u>703 W. COLLEGE FREDERICKTOWN MO</u>	22c. DATE SIGNED <u>9-27-61</u>
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23a. BURIAL/CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>9-29-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CANTON CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>CANTON MISSISSIPPI</u>
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24. FUNERAL DIRECTOR <u>SAM NAJIM, JR., FREDERICKTOWN, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>9-27-1961</u>	26. REGISTRAR'S SIGNATURE <u>Florance Dickson</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

NOV 1 1961

APR 25 1962

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 Charles F. Davis Jr.

Licensed Embalmer No. 5119

P. O. Address 218 W. College
Ard

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.