

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037123

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5432

STATE FILE NUMBER

AMENDED

FILED NOV 13 1961

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	Length of stay in lb <u>18 1/2</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3016 HIGHLAND</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3016 HIGHLAND</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>M.</u> Last <u>NORWOOD</u>			4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>31</u> Year <u>1961</u>		
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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>3-23-1885</u>	9. AGE (last birthday) <u>76 yrs.</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CUSTODIAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RIALTO BLDG</u>	11. BIRTHPLACE (City and state or country) <u>FT. MADISON, IOWA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DOUGLAS NORWOOD</u>	13b. MOTHER'S MAIDEN NAME <u>EMALINE HARTFIELD</u>	14. NAME OF HUSBAND OR WIFE <u>VIDA NORWOOD</u>
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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>—</u>	17. INFORMANT <u>Mrs. VIDA NORWOOD, 3016 HIGHLAND</u>	Address
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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>GASTRO INTESTINAL HEMORRHAGE</u> BILINARY CIRRHOSIS CARCINOMA OF PANCREAS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour <u>8:00</u> a.m. / p.m.	Month, Day, Year <u>10/15/61</u>
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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.) <u>KANSAS CITY</u>	20f. CITY, TOWN, OR LOCATION <u>JACKSON MO.</u>	COUNTY	STATE
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21. I attended the deceased from 10/15/61 to 10/31/61 and last saw her/him alive on 10/24/61
Death occurred at 8:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph H. Masucci</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Kansas City, Mo.</u>	22c. DATE SIGNED <u>10/21/61</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>NOV. 2-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CHAPEL HILLS</u>	23d. LOCATION (City, town, or county) <u>KANSAS CITY, KANSAS</u>
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24. FUNERAL DIRECTOR <u>MUEHLEBACH</u>	ADDRESS <u>6800 TROOST K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-31-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Masucci M.D.
Anzyle Bldg.

W 114-2234

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. Gro

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.