

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## -62-009733

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 98

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10017  
20990

3

4 0

5 1

6

7 1

8 2

9332X

10

11

12 3-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED APR 2 1962**

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCHUYLER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KIRKSVILLE,</b>		Length of stay in 1b <b>24 days</b>	c. CITY OR TOWN <b>LANCASTER</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LAUGHLIN HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>SOUTH OF LANCASTER</b>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>JESSE</b> Middle <b>GILBERT</b> Last <b>NORRIS</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>24</b> Year <b>1962</b>	
--	--	--	---	--

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/6/1883</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>18</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
-----------------------	----------------------------------	---	-------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>BURLINGAME, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>SAMUEL L. NORRIS</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BRYANT</b>	14. NAME OF HUSBAND OR WIFE <b>MYRTLE NORRIS</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	17. INFORMANT Address <b>Mrs. Walter Burnett, Glenwood, Mo.</b>
---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>23 days</b>
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) <b>Lobar Pneumonia</b>	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.)
---	---	--

20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>	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>3-1-62</b> to <b>3-24-62</b> and last saw <b>him</b> live on <b>3-24-62</b> Death occurred at <b>10:10 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <b>Richard P. Valuchek</b>	22b. ADDRESS <b>Laughlin Hospital</b>	22c. DATE SIGNED <b>3-28-62</b>
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-27-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ARNI MEMORIAL CEMETERY LANCASTER, MISSOURI</b>	23d. LOCATION (City, town, or county) (State)
--	-------------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS <b>NORMAN FUNERAL HOME *LANCASTER, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>Mar. 28-1962</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>
--	---	--

USE BLACK INK OR TYPEWRITER RIBBON

No permit issued.

RICHARD P. VALUCK, D.D.

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 Joseph Foster

Licensed Embalmer No. 4742

P. O. Address Funkhills, 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.