MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-042829

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5646

FILED NOV 16 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
8	12-27-88	12-27-87	11-9-62
9	73	74	11-9-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT Fingerprint copy from F.B.I.

BY AFFIDAVIT OF Informant

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Raytown — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8705 E. 80th Terrace — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Harry Middle D. Last Norris

4. DATE OF DEATH Month November Day 5 Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 12/27/~~87~~ 88

9. AGE (last birthday) ~~74~~ 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Awning Hanger

10b. KIND OF BUSINESS OR INDUSTRY Baker-Lockwood

11. BIRTHPLACE (City and state or country) Linnwood, Kansas

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Joseph P. Norris

13b. MOTHER'S MAIDEN NAME Sarah Hause

14. NAME OF HUSBAND OR WIFE Grace Norris

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

16. SOCIAL SECURITY NO.

17. INFORMANT Opal Pannell, 8705 E. 80th Terrace Address Raytown, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Unknown

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)

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

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 10-31-62, to 11-5-62 and last saw ~~her~~ him alive on 11-3-62

Death occurred at 11 10 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. P. McCalla, M.D.

22b. ADDRESS Jackson Co. Hospital Kansas City Mo.

22c. DATE SIGNED 11-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov. 7, 1962

23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR ADDRESS 1331 Brush Creek Blvd. D.W.Newcomer's Sons, Kansas City, Mo

25. DATE RECD. BY LOCAL REG. 11-7-62

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION J. P. Mc Calla

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, 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.