

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045652

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

101  
AMENDED

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 107

FILED DEC 10 1962

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Forsyth</b>		Length of stay in 1b <b>1 week</b>	c. CITY OR TOWN <b>Galena</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lakeview Rest Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R-3</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LEE</b> Middle <b>NORTON</b> Last			4. DATE OF DEATH Month <b>Nov.</b> Day <b>30</b> Year <b>1962</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>4/8/1878</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>8</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>North Carolina</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>James Norton</b>		13b. MOTHER'S MAIDEN NAME <b>Della (unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Rosa Norton</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>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Bernard Norton</b> Address <b>Wichita, Kansas</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Hydrostatic Pneumonia</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardiac Insufficiency</b> DUE TO (c) <b>Carcinoma Heart - Senility</b>			
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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>11-25-62</b> to <b>11-29-62</b> and last saw <sup>her</sup> him alive on <b>11-29-62</b> Death occurred at <b>11-29-62 2:50 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>Mary King, D.O.</b>		(Degrep or title)	22b. ADDRESS <b>Forsyth, Mo.</b>		22c. DATE SIGNED <b>12-4-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12/1/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Yocum pond</b>		23d. LOCATION (City, town, or county) (State) <b>Galena, Mo</b>	
24. FUNERAL DIRECTOR <b>Everett Cheatham</b> Address <b>Galena, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-7-62</b>		26. REGISTRAR'S SIGNATURE <b>Heber Campbell</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 **1060**

2 **1040**

3

4 **0**

5 **1**

6

7 **1**

8 **2**

9 **1600**

10

11

12 **26-2**

13 **1-0**

**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 Cobb

Licensed Embalmer No. 4731

P. O. Address Beaumont, 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.