

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40546

State File No.

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4122 Registrar's No. 26

22
06
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NIXA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NIXA</u>	
c. LENGTH OF STAY (in this place) <u>13 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>HOME</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		e. STREET ADDRESS (If rural, give location) <u>HOME</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>L.</u>	c. (Last) <u>PRICE NORTON</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>11</u> <u>19</u> <u>1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-3-1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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>-</u>	11. BIRTHPLACE (State or foreign country) <u>D CHRISTIAN CO. MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LEE NORTON</u>	13b. MOTHER'S MAIDEN NAME <u>HOLLIE PAYNE</u>	14. NAME OF HUSBAND OR WIFE <u>TILDA NORTON</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tilda Norton</u>	ADDRESS <u>Nixa, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>		<u>153X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-26, 1949, to 11-19, 1949, that I last saw the deceased alive on 11-19, 1949, and that death occurred at 12:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold Shaffer, D.O.</u>	23b. ADDRESS <u>Nixa, Mo.</u>	23c. DATE SIGNED <u>11-19-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-20-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PAYNE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO. MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>11-20-1949</u>	REGISTRAR'S SIGNATURE <u>Alline Deier</u>	60	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Lee Harris</u>	ADDRESS <u>Clever, Mo.</u>
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RECEIVED DEC 7 1949
District Health Office No. 6,
District File Number 1249-1331
Date Filed 12-14-49

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
Student Embalmer

Signed John Alan Harris
Licensed Embalmer No. 4390

P. O. Address Cleveland, 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 this body is not embalmed, fact should be so stated above.