S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 22 1950

State File No. 39706

BIRTH NO. 19272-50 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 333

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 41 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. C. O. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gorin, Missouri
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joyce Kay Norton
b. (Middle):
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1950

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 9, 1950
9. AGE (In years last birthday): If under 1 year: Months 8 Days 0 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Roy Benjamin Norton
13b. MOTHER'S MAIDEN NAME: Bertha Lula Henry
14. NAME OF HUSBAND OR WIFE: none

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Roy Norton ADDRESS: Gorin, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis- cause unknown — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchial Pneumonia — 2 days

DUE TO (c) Acute Enteritis (Viral ?) — 4 days

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Mongolism, Severe Congenital Heart abnormality.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): IN
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 343X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Dec. 8, 1950, *that I last saw the deceased alive on* Dec. 8, 1950, *and that death occurred at* 5:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Martyn E. Richardson (Degree or title) D. O.
23b. ADDRESS Kirksville Mo K. C. O. S. Hospital
23c. DATE SIGNED 12/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify): 12-11-50
24b. DATE: Dec 11-50
24c. NAME OF CEMETERY OR CREMATORY: Gorin Cemetery
24d. LOCATION (City, town, or county) (State): Gorin Mo

DATE REC'D BY LOCAL REG.: 12-11-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 1 9
DISTRICT HEALTH OFFICE
District File Number 12-5
Date Filed:
DEC 2 0 1950

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.....

Licensed Embalmer No.....

P. O. Address.....

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.