

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13757
Registrar's No. 33

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5920

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Township	c. LENGTH OF STAY (In this place) 71 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menfro, Mo. R.l.		d. STREET ADDRESS (If rural, give location) Menfro, Mo. Rl.	

3. NAME OF DECEASED a. (First) David (Type or Print)			b. (Middle) Walker			c. (Last) Norrington			4. DATE OF DEATH (Month) (Day) (Year) April 9, 1952			
5. SEX Male	6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 27, 1870			9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture			11. BIRTHPLACE (State or foreign country) Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William Norrrington		13b. MOTHER'S MAIDEN NAME Sarah Guffey		14. NAME OF HUSBAND OR WIFE Della Burns Norrrington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John Norrrington, Perryville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombus				INTERVAL BETWEEN ONSET AND DEATH 5 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age & Arteriosclerosis					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			

22. I hereby certify that I attended the deceased from **4-5-52**, 19___, to **4-10-52**, 19___, that I last saw the deceased alive on **4-10-52**, 19___, and that death occurred at **10:00A** m., from the causes and on the date stated above.

23a. SIGNATURE John H. Bailey M.D. (Degree or title)		23b. ADDRESS Perryville, Mo.		23c. DATE SIGNED 4-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 11, 1952	24c. NAME OF CEMETERY OR CREMATORY York Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Longtown, Mo.	

DATE REC'D BY LOCAL REG. 4-10-52	REGISTRAR'S SIGNATURE Joe J. Zellmer		25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey	ADDRESS Perryville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0790
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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, _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Albert Bey

Signed.....

Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address *Ferrysville, Ms.*

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.