

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16676**  
**2031**

FILED MAY 17 1952

BIRTH NO. **29526** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2031**

1. PLACE OF DEATH a. COUNTY <b>Jackson 0-</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson 364</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>4125 Paseo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Kathleen</b> b. (Middle) <b>Marie</b> c. (Last) <b>NORTON -</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 3, 1952</b>	
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5. SEX <b>Female /</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Not Married 0</b>	8. DATE OF BIRTH <b>April 7, 1952</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 1 DAY Days <b>26</b>	IF UNDER 1 HR. Hours <b></b>	IF UNDER 1 MIN. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Marcel R. Norton</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Werkowitch</b>	14. NAME OF HUSBAND OR WIFE <b>- - - -</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marcel R. Norton</b>	ADDRESS <b>4125 Paseo, K.C. Mo.</b>
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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, asthma, 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) <b>Massive Atherosclerotic Plaque</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chemical Imbalance</b> DUE TO (c) <b>Individual Obst &amp; Res. Sec. Congenital</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>7562</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Individual Volvulus - at Birth</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 **hospital**, 19 **7**, to **19**, that I last saw the deceased **alive on** **19**, and that death occurred at **11** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Russell W. Korr MD</b> (Degree or title)	23b. ADDRESS <b>St. Joseph Hospital</b>	23c. DATE SIGNED <b>4 May 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial U</b>	24b. DATE <b>5/5/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-4-52</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holme</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>	ADDRESS <b>Kansas City Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

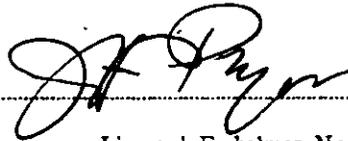
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed



Licensed Embalmer No. 2999

P. O. Address: CC

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.