

JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

166777  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2285

1. PLACE OF DEATH a. COUNTY <u>JACKSON 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>29 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>3311 MICHIGAN AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3311 MICHIGAN AVENUE</u>		e. STREET ADDRESS (If rural, give location) <u>3311 MICHIGAN AVENUE</u>	

3. NAME OF DECEASED (Type or Print) <u>SADIE</u>	a. (First) <u>LOUISE R.</u>	b. (Middle) <u>NORTON</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15 1952</u>
---	--------------------------------	------------------------------	-----------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG-1-1869</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>82</u>
-------------------------	----------------------------------	--	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <u>LIVERPOOL, PENNSYLVANIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	---	---

13a. FATHER'S NAME <u>ISAAC ROWE</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA MELSER</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN NORTON</u>
---	---	---

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>THOMAS J. ROWE</u>	ADDRESS <u>3311 MICHIGAN AVE. KANSAS CITY, MO.</u>
--	--	--	---

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) <u>Terminal/ Broncho-pneumonia</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemiplegia (Right)</u> DUE TO (c) <u>Cerebral embolism</u>		<u>4 1/2 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Hypertension</u>		<u>10 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No surgery</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>332X</u>
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 Dec. 29, 1951, to May 15, 1952, that I last saw the deceased  alive on May 12, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Kenneth G. Davis M.D.</u>	A. Davis (Degree or title)	22b. ADDRESS <u>201 Plaza Theater Bldg. Kansas City, Missouri</u>	22c. DATE SIGNED <u>5-16-52</u>
--	----------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 19 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>5-19-52</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.M. Newcomer's Sons</u>	ADDRESS <u>1331 GRUSH CREEK KANSAS CITY, MO.</u>
--	--	---	---

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

10:30.5:60

501104

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City, 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.