

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28189

State File No.

FILED SEP 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5390</u>		Registrar's No. <u>70</u>			
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Springgreen</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>				• STREET ADDRESS (If rural, give location) <u>3-Miles East Salm Rural</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u>			b. (Middle) _____		c. (Last) <u>Norris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 14-1877</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work or profession if retired) <u>Timber Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford County Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Miller Norris</u>			13b. MOTHER'S MAIDEN NAME <u>Un Known</u>			14. NAME OF HUSBAND OR WIFE <u>Lda Norris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lda Norris</u>			ADDRESS <u>Salem 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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.						INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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)					
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 <u>1948</u> , 19 <u>53</u> , to <u>8-21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-19</u> , 19 <u>53</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. J. [Signature]</u>			23b. ADDRESS <u>1007 Salem, Mo.</u>			23c. DATE SIGNED <u>8-22-53</u>			
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)		24b. DATE <u>8-23 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-23-53</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M. W. [Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>		

(Licensed Embalmer's Statement on Reverse Side)

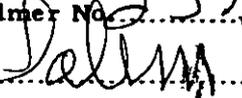
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

033 1

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.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 239
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.