No. 300
10.48

FILED DEC 21 1953

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42066

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: BOLLINGER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LUTESVILLE
c. LENGTH OF STAY (in this place): 5 MIN.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DR. J. T. MYERS' OFFICE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: BOLLINGER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LORANCE TWP.
d. STREET ADDRESS (If rural, give location): NEAR GLEN ALLEN

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle): N.
c. (Last): NORRIS

4. DATE OF DEATH (Month) (Day) (Year): 12-15-53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1-2-1894
9. AGE (In years last birthday): 59 — If under 1 year: Months 11, Days 13 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING, TIMBER WORKER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TEXAS CO. MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JAMES T. NORRIS
13b. MOTHER'S MAIDEN NAME: ALLIE COATNEY
14. NAME OF HUSBAND OR WIFE: FRANCES M. NORRIS
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.: 497-18-2750
17. INFORMANT'S SIGNATURE OR NAME: FRANCES M. NORRIS — **ADDRESS**: GRASSY, 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
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: 4200
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.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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 _____, 19__, to _____, 19__, that I last saw the deceased alive on* 4/2, 1953, *and that death occurred at* 3 *m., from the causes and on the date stated above.*

23a. SIGNATURE: John J. Myers (Degree or title): MD
23b. ADDRESS: Lutesville Mo.
23c. DATE SIGNED: 12/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-20-53
24c. NAME OF CEMETERY OR CREMATORY: FREEDOM CEM.
24d. LOCATION (City, town, or county) (State): WILLOW SPRINGS. MO.

DATE REC'D BY LOCAL REG.: Dec. 18, 1953
REGISTRAR'S SIGNATURE: Willie Dan Durbrough
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: BAKER FUNERAL HOME, LUTESVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 13 1954

APR 15 1954

DEC 23 1953

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.