

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4077**  
Registrar's No. **214**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>1 week</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Meth. Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>R.F.D. # 6, St. Joseph</b>	
3. NAME OF DECEASED (Type or Print) <b>LEANNAH NORRIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 21 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3-9-1954 1868</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? <b>Decatur, Illinois / USA</b>
13a. FATHER'S NAME <b>William Emery</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Gillette</b>	14. NAME OF HUSBAND OR WIFE (deceased) <b>David Norris</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Nadine Sutton, R.F.D. # 6, St. Joseph, Mo.</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio Vascular Disease with Cardiac</b>		Decompensation		<b>Ukn</b>
ANTECEDENT CAUSES		DUE TO (b) <b>Generalized Arteriosclerosis</b>		<b>Ukn</b>
<i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) <b>4221F</b>		
II. OTHER SIGNIFICANT CONDITIONS		<b>Senility</b>		
<i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>Fracture of left femur 1/18/54</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph Buchanan Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 18, 1954 7:30a.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Frac. of left femur Fell at home 1-18-54</b>

22. I hereby certify that I attended the deceased from **1-18, 1954**, to **2-21, 1954**, that I last saw the deceased alive on **2-20, 1954**, and that death occurred at **5:30a.**, from the causes and on the date stated above.

23a. SIGNATURE **John S. Kirk M.D.** (Degree or title) 23b. ADDRESS **Physicians & Surgeon's Building, St. Joseph, Mo.** 23c. DATE SIGNED **2-24-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2-23-1954** 24c. NAME OF CEMETERY OR CREMATORY **Pine Cemetery** 24d. LOCATION (City, town, or county) (State) **Princeton, Missouri**

DATE REC'D BY LOCAL REG. **Feb 27, 1954** REGISTRAR'S SIGNATURE **Ruth M. Allison** 485-0 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS **John E. Ruppert, St. Joseph, Mo.**

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.....  
Signature of Student Embalmer

Signed *Alvin E. Bryan*.....

Licensed Embalmer No. *479*.....

P. O. Address *St. Joseph*.....

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.