

14793

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 2 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4015 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Westboro	c. LENGTH OF STAY (If in place) 5 yr	c. CITY OR TOWN Westboro	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 0020	
3. NAME OF DECEASED (Type or Print) a. (First) Beatrice b. (Middle) Alice c. (Last) Norton		4. DATE OF DEATH (Month) (Day) (Year) May 16 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April-27-1879
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done, but not date of life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, State or Foreign Country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Geo W Root	
13b. MOTHER'S MAIDEN NAME Ida A Sage		14. NAME OF HUSBAND OR WIFE Bert E Norton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarice N Richards Westboro, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES DUE TO (b) Advanced arteriosclerotic DUE TO (c) cardiovascular disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 4201	
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 5/15/54 , 19 54 , to 5/16/54 , 19 54 , that I last saw the deceased alive on 5/16/54 , 19 54 , and that death occurred at 12:54 am., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) E. H. Wildenmeier, M.D.		23b. ADDRESS Markio, Mo.	
23c. DATE SIGNED 5/16/54		24a. BURIAL CREMATION, REFINAL (Specify) Burial	
24b. DATE May-17-1954		24c. NAME OF CEMETERY OR CREMATORY Center Grove	
24d. LOCATION (City, town, or county) (State) Near Westboro, Missouri		DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 443 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Westboro, Mo	

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

1007 7 1950

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 **Ashley R Tucker**....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ashley R Tucker*.....
Licensed Embalmer No. **4757**.....

P. O. Address **Westboro, MA**.....

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.