

X No. 300
10-48

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

203

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Columbia</u>	c. LENGTH OF STAY (in this place) <u>-----</u>	c. CITY OR TOWN <u>Muncie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		STREET ADDRESS (If rural, give location) <u>1637 South 87th Barber</u> \$15.08	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lois</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Norton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-56</u>
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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>8-29-1923</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Typist and Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Swift and Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm. P. Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Fern Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis Norton (deceased)</u>
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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 <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.P. Williams, Muncie, Kansas</u>	ADDRESS <u> </u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. 30 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic injuries, multiple fractures - shock</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>		
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 <u>8164 26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT OR SUICIDE HOMICIDE <u>Car crash</u>	21b. PLACE OF INJURY (e.g., in or about home, yard, factory, street, office bldg., etc.) <u>Highway 40</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Boone Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Jan. 14 '56 5:50 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car crash of two automobiles</u>
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22. I hereby certify that I attended the deceased from Columbia, Mo., 1956, that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. P. Williams, M.D.</u> (Degree or title)	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>1/15/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grinter Chapel Co.</u>	24d. LOCATION (City, town, or county) (State) <u>Muncie, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 15 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	EMERALD DIRECTOR'S SIGNATURE <u> </u>	ADDRESS <u>Memorial Funeral Home Col., Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 2 1956

JAN 25 1956

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 *Lyman H. Spurr*

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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.