

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12435

State File No. ....

BIRTH NO. ....		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 486			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 15 years		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 906 N. 9th St.					
3. NAME OF DECEASED (Type or Print) a. (First) LOUISE b. (Middle) NORRIS c. (Last) NORRIS			4. DATE OF DEATH (Month) (Day) (Year) April 23, 1956						
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 27, 1862		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City, and State or Foreign Country) Amazonia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Casper Hunsinger		13b. MOTHER'S MAIDEN NAME Cynthia A. Johnson		14. NAME OF HUSBAND OR WIFE Neri Norris					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wiley R. Norris, R.R. #3, St. Joseph, 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) Acute Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) Fracture, left hip  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH instant  for years  12 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operations		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE X (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph 13 Buch. Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 12 56 about 4 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell at home					
22. I hereby certify that I attended the deceased from 4-12-1956, to 4-23-1956, that I last saw the deceased alive on 4-23-1956, and that death occurred at 4:15 a. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R.M. Burk M.D.				23b. ADDRESS 902 Edmond St., St. Joseph, Mo.		23c. DATE SIGNED 4-27-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/25/1956	24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		24d. LOCATION (City, town, or county) (State) Savannah, Missouri				
DATE REC'D BY LOCAL REG. May 3, 1956		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Heston Bowman		ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

KS  
APR 2  
1959

MAY 16 1956

See reverse side

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 *Richard D. Ellis* .....

Licensed Embalmer No. *49*

P. O. Address *319 W. 10th St. Joplin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.