

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14047**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Palmyra</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Palmyra</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		STREET ADDRESS (If rural, give location) <b>302 Logan St</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>NORTON</b>	b. (Middle) <b>HENRY</b>	c. (Last) <b>SAFFARRANS</b>	(Month) <b>April</b>	(Day) <b>13</b>	(Year) <b>1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 15 1881</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Palmyra Mo.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Rufus Saffarrans</b>		13b. MOTHER'S MAIDEN NAME <b>Angelina Suter</b>		14. NAME OF HUSBAND OR WIFE <b>Gertrude Saffarrans</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or 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 <b>Mrs Gertrude Saffarrans</b>	
				ADDRESS <b>Palmyra Mo.</b>	

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) <b>Starvation, voluntary</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 mo.</b>	
		ANTECEDENT CAUSES* Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Psychosis, depression</b>			<b>4-6 mo.</b>	
		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 <b>309X</b>			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) m.		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 1956, to April 15, 1956, that I last saw the deceased alive on April 15, 1956, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Lee M.D.</i>		(Degree or title)		23b. ADDRESS <b>Palmyra Mo.</b>		23c. DATE SIGNED <b>5/18/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/16/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Palmyra Mo</b>	

DATE REC'D BY LOCAL REG. <b>4-19-56</b>		REGISTRAR'S SIGNATURE <i>By Duola</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. G. ...</i>		ADDRESS <b>Palmyra Mo.</b>	
--	--	--	--	---	--	-------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

RECEIVED APR 23 1956  
MARION CO. HEALTH DEPT.,  
DATE FILED APR 23 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, ~~\_\_\_\_\_~~ ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Dean W. Huff* .....

Licensed Embalmer No. 4914

P. O. Address Palmyra, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.