

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHFiled JUN 4 1956
State File No. 16138

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 302L Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy 0402	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY OR TOWN Trenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. MAIN ST. Trenton		f. STREET ADDRESS (If rural, give location) 706 Rural St.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) FRANKLIN c. (Last) NORTON			4. DATE OF DEATH (Month) (Day) (Year) MAY 3 1956		
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5. SEX MALE		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Nov. 26, 1880		9. AGE (In years last birthday) 75		if UNDER 1 YEAR Months Days		if UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. MO. 0				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME H.D. Moxton		13b. MOTHER'S MAIDEN NAME JANE HARVEY		14. NAME OF HUSBAND OR WIFE ROSA SANDLIN (DeL)			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Leslie Norton Trenton, MO			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis 2 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) 4222	
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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?	
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22. I hereby certify that I attended the deceased from May 1st, 1954, to May 22, 1956, that I last saw the deceased alive on May 1st, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duffy M.D.		23b. ADDRESS Trenton MO		23c. DATE SIGNED May 4th 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/5/56		24c. NAME OF CEMETERY OR CREMATORY HAMILTON Cem		24d. LOCATION (City, town, or county) Mercer Co MO.	
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DATE REC'D BY LOCAL REG. 5-5-56		REGISTRAR'S SIGNATURE Geneva Fair		25. FUNERAL DIRECTOR'S SIGNATURE G. Gordon Blackman		ADDRESS Trenton MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Harold H Roberts*.....

Licensed Embalmer No. *492*.....

P. O. Address *Leontov*.....

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.