

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25716

FILED JUL 31 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6140 ~~6139~~ Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>		b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>CLARENCE</u>		c. LENGTH OF STAY (In this place) <u>26 Yrs</u>		c. CITY OR TOWN <u>CLARENCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL ROUTE #2</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) <u>W.</u> c. (Last) <u>NORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 20 1956</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 18, 1886</u>		9. AGE (In years last birthday) <u>69</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>MO STNOX COUNTY</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
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13a. FATHER'S NAME <u>GEORGE NORRIS</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA PENSON</u>			14. NAME OF HUSBAND OR WIFE <u>FRANCES HARVEY NORRIS</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS ELMER NORRIS CLARENCE MO</u>				ADDRESS _____	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Regurgitation</u>						<u>5 mos</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>Carcinoma of colon</u> DUE TO (c) _____						<u>2 mos</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatitis</u>						<u>5 mos.</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>153x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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 Jan 15, 1956, to July 20, 1956, that I last saw the deceased alive on July 20, 1956 and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. B.L. Edgington M.D.</u>		23b. ADDRESS <u>Clarence, Mo.</u>		23c. DATE SIGNED <u>7/23/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAGERSDORF CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SHELBY COUNTY MO</u>	
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DATE REC'D BY LOCAL REG. <u>7-31-56</u>		REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. Stearns</u>		ADDRESS _____	
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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.....
Charles V. Greening

Licensed Embalmer No. *7428*

P. O. Address *Claremont*

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.