

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1956

STATE FILE NUMBER 31085

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN RURAL WASHINGTON PERMITTIVE		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		c. CITY OR TOWN KANSAS CITY 3348		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11303 BLUE RIDGE				Length of stay in 1b		d. STREET ADDRESS 2616 SPRUCE (If outside, give location)	
3. NAME OF DECEASED (Type or print)		First JARROTT		Middle LUTHER		Last NORRIS	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		4. DATE OF DEATH	
8. DATE OF BIRTH JULY 31-1887		9. AGE (In years last birthday) 69		Month SEPT		Day 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY TERMINAL R.R.		11. BIRTHPLACE (City and state or country) REYNOLDS COUNTY, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JARROTT NORRIS				14. MOTHER'S MAIDEN NAME DOXIE MEDLOCK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 486-14-9128		17. INFORMANT Mrs. ALBERTA N. LONG HICKMAN MILLS, MO. Address 11303 BLUE RIDGE			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Massive Myocardial Infarct DUE TO (c) Coronary Occlusion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 30 min
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 27 to Sept. 13 and last saw her alive on Sept. 11, 1956 Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. Carlitz				22b. ADDRESS 2425 E. 27th KC, Mo		22c. DATE SIGNED 9/13/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL		SEPT. 13-1956		SADEM		MISSOURI	
24. FUNERAL DIRECTOR ADDRESS DW Newcomers Sons, K. C. Mo.				25. DATE RECD. BY LOCAL REG. 9-13-56		26. REGISTRAR'S SIGNATURE Sterling Godard	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 26 1936

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 *Frederick L. Rogers*.....

Licensed Embalmer No. *44*.....

P. O. Address *J.C.M.*.....

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.