

STANDARD CERTIFICATE OF DEATH

36813

FILED NOV 7 - 1956

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <i>State Hosp No 9</i> <i>Vernon</i>				2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Kansas City 34 78</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State Hosp #3</i>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>3424 Wyandotte</i>	
3. NAME OF DECEASED (Type or print) First <i>MATY</i> Middle <i>Alice</i> Last <i>Norton</i>			4. DATE OF DEATH Month <i>10</i> Day <i>31</i> Year <i>56</i>				
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>6-19-1866</i>	9. AGE (In years last birthday) <i>90</i>	IF UNDER 1 YEAR Month <i>4</i> Days <i>12</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>L</i>	11. BIRTHPLACE (City and state or country) <i>Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Edward Perky</i>				14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>None</i>			16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>adm Papers</i>			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary artery disease</i> DUE TO (b) <i>atherosclerotic disease</i> DUE TO (c) <i></i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <i>7/2</i> <i>7/52</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Senile Dementia</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <i>4201</i>				
20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>							
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 <i>4-25-56</i> to <i>10-31-56</i> and last saw her ^{her} alive on <i>10-31-56</i> Death occurred at <i>10-20-56</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Edmund J. Norton M.D.</i>				22b. ADDRESS <i>Missouri</i>		22c. DATE SIGNED <i>10-31-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10-31-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Focal Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo.</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Hays Funeral Service Inc's</i>			25. DATE RECD. BY LOCAL REG. <i>10-1-1956</i>	26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Birth, welfare, public service, 300 -56, 51-0

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 *H. H. Marmaduke*.....

Licensed Embalmer No. *207*

P. O. Address *Ward*.....

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