

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9294

FILED APR 1 - 1957

State File No.

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 2669 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Silex	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Paul	b. (Middle) -	c. (Last) Norton	4. DATE OF DEATH (Month) (Day) (Year) March 24, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 31, 1891	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR 6 Months	11. UNDER 24 HRS. 23 Hours
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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 Farming	11. BIRTHPLACE (State or foreign country) Lincoln County, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Gus Norton	13b. MOTHER'S MAIDEN NAME Annie Baker	14. NAME OF HUSBAND OR WIFE Sybil Norton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-42-5666	17. INFORMANT'S SIGNATURE OR NAME Sybil Norton	ADDRESS Silex, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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	20. AUTOPSY? 0 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)
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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 **3/49**, 19**57**, to **3/24**, 19**57**, that I last saw the deceased alive on **3/24**, 19**57**, and that death occurred at **3 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Cluech (Degree or title) med	23b. ADDRESS Troy Mo	23c. DATE SIGNED
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 3-26-57	24c. NAME OF CEMETERY OR CREMATORY Millwood Cemetery	24d. LOCATION (City, town, or county) (State) Millwood Missouri
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DATE REC'D BY LOCAL REG. 3-20-57	REGISTRAR'S SIGNATURE Emm B. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Mudd	ADDRESS Bowling Green, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1620

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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 this body is not embalmed, fact should be so stated above.