

Health, Welfare, Public Service

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24752
STATE FILE NUMBER 3139

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Lawrence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Children's Mercy Hosp.		d. STREET ADDRESS (If outside, give location) 1609 Tennessee	

3. NAME OF DECEASED (Type or print) First John Middle Richard Last Norris, Jr.			4. DATE OF DEATH Month July Day 7 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 21, 1956	9. AGE (In years last birthday) 9	10. UNDER 1 YEAR Months 9 Days 16	11. 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) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lawrence, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John R. Norris	13b. MOTHER'S MAIDEN NAME Dobres Mueller	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT John R. Norris, 4331 Warwick, K.C., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Resolving pneumonia		INTERVAL BETWEEN ONSET AND DEATH Life 752+
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Harder epithelium & brain atrophy	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month Day Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from May 6, 1957 to July 7, 1957 and last saw ^{him} alive on July 7, 1957 Death occurred at 1615 2 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wayne Hart (Degree or title) 	22b. ADDRESS 1710 Independence Ave, K.C., Mo.	22c. DATE SIGNED July 7, 1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-7-57	23c. NAME OF CEMETERY OR CREMATORY Oswego Cemetery	23d. LOCATION (City, town, or county) (State) Oswego, Kansas
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24. FUNERAL DIRECTOR Cooper-Warren ADDRESS Lawrence Kansas	25. DATE RECD. BY LOCAL REG. 7-7-57	26. REGISTRAR'S SIGNATURE Norm Minshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 30 1958

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 *J. LeRoy Mooney*

Licensed Embalmer No. *4776*
P. O. Address *K. O. Inc.*

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.