

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019336
STATE FILE NUMBER

FILED MAY 20 1958 Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 45

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

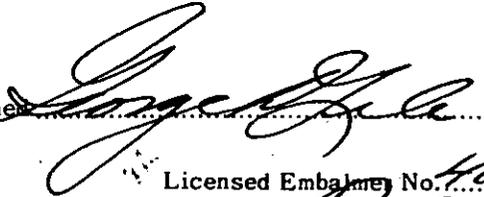
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>CALIFORNIA</u> b. COUNTY <u>UNKNOWN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Riverside</u> <u>8040</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clemens Rest Home</u>		Length of stay in lb <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>3257 MULBERRY</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Andrew</u> <u>MURPHY</u> <u>NORRIS</u>			4. DATE OF DEATH Month Day Year <u>MAY</u> <u>10</u> <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 17 1898</u>
9. AGE (In years) IF UNDER 1 YEAR last birthday Months Days <u>86</u> <u>1</u> <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired FARMER</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (City and state or country) <u>Ray County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SAMUEL Clawson</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH McElhister</u>		14. NAME OF HUSBAND OR WIFE <u>ANNIE NORRIS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes Philippine Insurrection</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. Joe Graham Lee Summit, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Senile</u> DUE TO (c) <u>Senility</u> <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senile dementia</u>			INTERVAL BETWEEN ONSET AND DEATH
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.)	
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 (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 <u>5-9-58</u> to <u>5-10-58</u> and last saw him alive on <u>5-10-58</u> Death occurred at <u>4:30</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ch. Davault M.D.</u>		22b. ADDRESS <u>Richmond</u>	
22c. DATE SIGNED <u>5-12-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAY 12, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>
24. FUNERAL DIRECTOR <u>Funeral Home</u> ADDRESS <u>Richmond, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5-13-1958</u>	26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>

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 

Licensed Embalmer No. 4066

P. O. Address Richmond

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.