

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032163
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 128

S. 300
y. 1-57

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Boonville ⁰²⁷² ₀
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital 4 Days		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 209 1/2 Main St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Fielding Middle Thomas Last Norris.			4. DATE OF DEATH Month October Day 8 Year 1958		
5. SEX Male ^c	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 1, 1885		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Implement Shop	11. BIRTHPLACE (City and state or country) Slater, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME F. T. Norris.		13b. MOTHER'S MAIDEN NAME Elivera Gilliam		14. NAME OF HUSBAND OR WIFE Gladys Fleet Norris.	
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. 491-32-0073		17. INFORMANT Address Thomas Norris, Kansas City, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Memia			INTERVAL BETWEEN ONSET AND DEATH 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic nephritis		
	DUE TO (c) 592X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Purulent infection of throat			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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/> 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 **6-28-58** to **10-8-58** and last saw him alive on **10-8-58**
Death occurred at **11:52 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. C. Beckett MD		22b. ADDRESS Boonville Mo		22c. DATE SIGNED 10-10-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 11, 1958		23c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery		23d. LOCATION (City, town, or county) (State) Slater, Missouri.	
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24. FUNERAL DIRECTOR ADDRESS Goodman & Boller, Boonville, Mo.		25. DATE RECD. BY LOCAL REG. 10/10/58		26. REGISTRAR'S SIGNATURE SG Cooper	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

FEB 17 1959

OCT 29 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 *William W. Wood*

Licensed Embalmer No. 4539
P. O. Address Boonville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.