

FILED APR 30 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012612

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5208 Registrar's No. 7

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Carroll</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Hale, Hurricane Twp</b>   |  | c. LENGTH OF STAY (in this place)<br><b>20 years</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Hale RFD.</b>   |  | 0170<br>0   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Home 2 Miles S/E. Hale,</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>RFD</b>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br><b>ODESSA</b>   |  | a. (First)  |  | b. (Middle)  |  | c. (Last)<br><b>NORRIS</b>  |  |
| 4. DATE OF DEATH<br><b>April 25th, 1959</b>  |  | 5. SEX<br><b>F</b>  |  | 6. COLOR OR RACE<br><b>white</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>            |  |
| 8. DATE OF BIRTH<br><b>Jan. 16th, 1891</b>   |  | 9. AGE (In years last birthday)<br><b>68</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House wife</b>                            |  | 11. BIRTHPLACE (State or foreign country)<br><b>McKinney, Texas.</b>                |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  | 13a. FATHER'S NAME<br><b>John W. Crowder,</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Zachriah Cooper</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Harlan C. Norris,</b>                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  | 16. SOCIAL SECURITY NO.<br><b>497-40-0324</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Harlan C. Norris, Hale, Missouri.</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Circulatory Failure</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Thrombosis Old</b><br>DUE TO (c) <b>Arteriosclerosis</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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)  |  | 4201  |  |
| 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?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>8-18</u> , 1956, to <u>4-26</u> , 1959, that I last saw the deceased alive on <u>4-26</u> , 1959, and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE<br><b>Norman P. Hansen</b>  |  |   |  | 23b. ADDRESS<br><b>P.O. 2 Hale, Mo.</b>  |  | 23c. DATE SIGNED<br><b>4-26-59</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>4/27/1959</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Hale cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Hale, Missouri.</b>             |  |
| DATE REC'D BY LOCAL REG<br><b>4-26-59</b>  |  | REGISTRAR'S SIGNATURE<br><b>Mrs Rex Henderson</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Clifford W. Austin funeral home Hale, Missouri.</b>   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

Hale, Missouri.

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

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 .....  
Student Embalmer

Signed.....

*Clifford W. Austin*

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.