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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016691

FILED JUN 11 1959

Registration District No. 27

Primary Registration District No. 3005

STATE FILE NUMBER

Registrar's No. 70

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1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Butler Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Hosp.		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location) 114 St. Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mattie Middle Louella Last Norton			4. DATE OF DEATH Month May Day 31 Year 1959	
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5. SEX Female	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 11-5-1877	9. AGE (In years last birthday) 81	10. FUNDER 1 YEAR Months 81 Days 0 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Bates Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John W. Harshaw	13b. MOTHER'S MAIDEN NAME Eliza McGlothan	14. NAME OF HUSBAND OR WIFE Charles Norton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unless unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Horace A. Norton	Address Butler, 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) BACCHO PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 15 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTEIO SCLEROTIC HEART DISEASE	UNKNOWN
	DUE TO (c) SENILITY	1200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RHEUMATOID ARTHRITIS WITH DEFORMITIES		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 8:30 Month Aug Day 30 Year 1949 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Butler, Mo.	COUNTY Butler	STATE Mo.
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21. I attended the deceased from August 1949 to MAY 31, 1959 and last saw her alive on MAY 31, 1959 Death occurred at 8:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John M. Cooper M.D.	(Degree or title) M.D.	22b. ADDRESS BUTLER, MO	22c. DATE SIGNED 6-2-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-2-1959	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) (State) Butler, Mo.
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24. FUNERAL DIRECTOR Culver-Underwood	ADDRESS Butler, Mo.	25. DATE RECD. BY LOCAL REG. June 6, 59	26. REGISTRAR'S SIGNATURE Rendall Kerney
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *John H. Underwood*
Licensed Embalmer No. *3585*
P. O. Address *Butler, Pa.*

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.

John H. Underwood