

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023964

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 100 Registrar's No. 1095 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 8 1963

VS 300
Rev. 4/59

1 0397

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1062 S. Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last GEORGE A. NORTON			4. DATE OF DEATH Month Day Year July 2, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/12/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Carman		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 77 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11a. FATHER'S NAME John P. Norton		11b. MOTHER'S MAIDEN NAME Mary E. Kinnard	11. BIRTHPLACE (City and state or country) Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT Faya Norton (Wife)		Address Springfield, 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) Cardiac reapture DUE TO (b) Myo. infarction DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a); stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH few min. 24 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
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	COUNTY STATE
21. I attended the deceased from <u>7-1</u> to <u>7/2/63</u> and last saw him alive on <u>7-2-63</u> Death occurred at <u>9:00</u> A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Glenwood MD</i> (Degree or title)		22b. ADDRESS 609 Cherry Springfield, Missouri	22c. DATE SIGNED 7-2-63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-5-63	23c. NAME OF CEMETERY OR CREMATORY Hazelwood	23d. LOCATION (City, town, or county) (State) Springfield, Mo.
24. FUNERAL DIRECTOR Klingner Mortuary ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG 7-5-63	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>

jhc

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1963

print 7-3-63

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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield 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.