

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7271 **63-030347**
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 19 1963

VS 300
Rev. 4/59

1

3

4 /

5 9

6

7 0

8 /

9

10

11

12 64-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 9 days		c. CITY OR TOWN Granite City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2148 Bern			
3. NAME OF DECEASED (Type or print) First Middle Last Lessie Edith Norton			4. DATE OF DEATH Month Day Year July 13 1963			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 1/3/99		9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY ----			11. BIRTHPLACE (City and state or country) Lutesville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Troy W. Mouser			13b. MOTHER'S MAIDEN NAME Mary Eaker			14. NAME OF HUSBAND OR WIFE Lester R. Norton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)			16. SOCIAL SECURITY NO.		17. INFORMANT Address 5a Mrs. Lorraine Woods Granite City, Il				
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Embolus to Superior Mesenteric Artery</i> <i>mitral Valve Purgury</i> <i>Rheumatic Heart Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>mitral Valve Purgury</i> DUE TO (c) <i>Rheumatic Heart Disease</i>									INTERVAL BETWEEN ONSET AND DEATH
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. 410x <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <i>July 4</i> to <i>July 13</i> and last saw her alive on <i>July 12, 1963</i> Death occurred at <i>1421 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Luke D. Zimmerman M.D.</i>				22b. ADDRESS <i>216 S. Kempberg</i>				22c. DATE SIGNED <i>7-13-63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>7-15-63</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Cutler</i>		23d. LOCATION (City, town, or county) (State) <i>Cutler, Illinois</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Bren H. Davis 21st & Cleveland</i>				25. DATE RECD. BY LOCAL REG. JUL 15 1963		26. REGISTRAR'S SIGNATURE <i>Loed Smith, M.D.</i>			

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 Loren H Davis

Licensed Embalmer No. ^{Ill.} 9754

P. O. Address Granite City, Ill.

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.