

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043648

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 151

STATE FILE NUMBER

FILED DEC 10 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Harrison	b. CITY (If outside corporate limits, give TOWNSHIP only) Bethany	a. STATE Missouri	b. COUNTY Harrison
Length of stay in 1b 3 weeks		c. CITY OR TOWN Mt. Moriah,	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Reid Hospital		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED			4. DATE OF DEATH			
First Eddie	Middle ----	Last Norton	Month December	Day 4,	Year 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 9-9-1886	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY General farm	11. BIRTHPLACE (City and state or country) Harrison Co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William Norton		13b. MOTHER'S MAIDEN NAME Nancy Sadlin		14. NAME OF HUSBAND OR WIFE Nettie Norton		
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. [REDACTED]	17. INFORMANT Address Nettie Norton, Mt. Moriah, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Hypostatic Pneumonia.		24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cachexia and Anemia.	6 mo.
	DUE TO (c) Inoperable Carcinoma of Colon.	1 yr.
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 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"/> 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 Bethany, Missouri.
21. I attended the deceased from 9-17-62 to 12-4-63 and last saw ^X him alive on 12-4-63 12-4-63		Death occurred at 4:50p m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>B.M. Norton</i> (Degree or title) D. O.		22b. ADDRESS Bethany, Missouri.	22c. DATE SIGNED 12-6-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-6-63	23c. NAME OF CEMETERY OR CREMATORY Hamilton Cemetery,	23d. LOCATION (City, town, or county) (State) R.F.D. Mill Grove, Missouri.
24. FUNERAL DIRECTOR E. J. Stoklasa, Cainsville, Mo.		25. DATE RECD. BY LOCAL REG. 12-6-1963	26. REGISTRAR'S SIGNATURE <i>Opella Maxey</i>

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 10411
 20410
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 1538
 10
 11
 12 2-2
 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.
 USE BLACK INK OR TYPEWRITER RIBBON

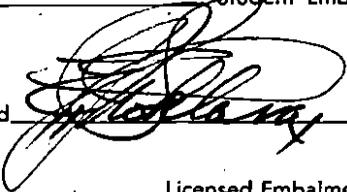
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.