

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048371

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 555

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 7005

2 7105

3 2

4 1

5 0

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4330
94730
7780

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11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF BIRTH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b Hours	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Sanitarium		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Tina Rena Norton		4. DATE OF DEATH Month December Day 14 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-14-1963
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) Hours
13a. FATHER'S NAME Otha Max Norton		13b. MOTHER'S MAIDEN NAME Diana Burns	11. BIRTHPLACE (City and state or country) Independence, Mo.
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. None	12. CITIZEN OF WHAT COUNTRY USA
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 arrest.		14. NAME OF HUSBAND OR WIFE Infant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Respiratory arrest		17. INFORMANT Max Norton 1527 W. College Ter. Indep	
DUE TO (c) Hyaline Membrane Disease		18. 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. <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 Independence, Mo.	
21. I attended the deceased from <u>12-14-63</u> T. D. Smith to <u>12-14-63</u> and last saw her alive on <u>12-14-63</u> at <u>8 p.m.</u> Death occurred at <u>11:40 p.m.</u> 12-14-63 m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 12-15-63	
22a. SIGNATURE Diville Walker Jr. M.D.		22b. ADDRESS 11200 Winner Road	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 15, 1963	
23c. NAME OF CEMETERY OR CREMATORY Edmwood Cemetery		23d. LOCATION (City, town, or county) Augusta, Kansas	
24. FUNERAL DIRECTOR Roland R. Speaks Independence, Mo.		25. DATE RECD. BY LOCAL REG. 12-15-63	
26. REGISTRAR'S SIGNATURE Alba L. Gray			

USE BLACK INK OR TYPEWRITER RIBBON

