

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36024**
 Registrar's No. **80**

FILED OCT 28 1952

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057**

2891
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Richmond</u> c. LENGTH OF STAY (In this place) <u>3 2 years</u>		c. CITY OR TOWN <u>Richmond</u> <u>0891</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>637 North Main</u>		d. STREET ADDRESS (If rural, give location) <u>637 North Main</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>NORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 18, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 4, 1867</u>
9. AGE (In years last birthday) <u>84</u> <u>10</u> <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William A. Norris</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Harris</u>	
13c. NAME OF HUSBAND OR WIFE <u>Frazer (Fisher) Norris</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>497-21-1489</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Norris</u>		17. ADDRESS <u>Richmond, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Chronic Nephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>arterio Sclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>442 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Aug 1 - 1952</u> to <u>Oct 18, 1952</u> that I last saw the deceased alive on <u>Oct 18, 1952</u> that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. L. Hay, M.D.</u>		23b. ADDRESS <u>Richmond Mo</u>	
23c. DATE SIGNED <u>10-22-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Union</u>	
24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-like FUNERAL HOME</u>	
DATE REC'D BY LOCAL REG. <u>Oct 25, 1952</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-like FUNERAL HOME</u>		ADDRESS <u>Richmond, Missouri</u>	

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
Student Embalmer

Signed


Licensed Embalmer No. 4066

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.