

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0032758

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 336

FILED SEP 8 1966

1. PLACE OF DEATH

a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JEFFERSON CITYLength of stay in 1b
15 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION MEMORIALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

MONTEAU

c. CITY
OR TOWN

CALIFORNIA

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
407 RICEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Norris

Middle

Dean

Last

May

4. DATE
OF DEATH

Month

August

Day

26

Year

1966

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-31-25

9. AGE (last birthday)

41

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)

INSURANCE AGENT

10b. KIND OF BUSINESS OR INDUSTRY

INSURANCE

11. BIRTHPLACE (City and state or country)

CALIFORNIA MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOHN PATRICK KAY

13b. MOTHER'S MAIDEN NAME

FLOSSIE EDWARDS

14. NAME OF HUSBAND OR WIFE

EDWINA KAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, ☒ No ☐ unknown)

(If yes, give dates of service)

NONE

16. SOCIAL SECURITY NO.

494-22-3916

17. INFORMANT

MRS EDWINA KAY CALIF. MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Infection of Myocardium

INTERVAL BETWEEN
ONSET AND DEATH

15 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Intense chronic coronary artery thrombosis

DUE TO (c)

Intense ischemia

15 days

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.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐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
Death occurred at8/11/66
5 PMto 8/26/66
P m on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw him alive on 8/26/66

22a. SIGNATURE

(Degree or title)

John Norrison MD

22b. ADDRESS

302 Bolwin

22c. DATE SIGNED

8/26/66

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

8-28-66

23c. NAME OF CEMETERY OR CREMATORY

MASONIC CEMETERY

23d. LOCATION (City, town, or county)

CALIFORNIA MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

WILLIAMS FUNERAL HOME CALIF. MO

25. DATE RECD. BY LOCAL REG.

8-31-66

26. REGISTRAR'S SIGNATURE

Norma Milner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 21 1968

NOV 21 1968

SEP 12 1968

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 *Hugh C. Williams*

Licensed Embalmer No. 3537

P. O. Address California 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.