

FILED MAY 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13295

State File No. _____

BIRTH NO. 49-109022; REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>Hayti</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>503 South 5th St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gail</u> b. (Middle) <u>Marie</u> c. (Last) <u>Northcutt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Feb 10 1949</u>		9. AGE (In years last birthday) <u>0</u> 1 YEAR Months <u>1</u> Days <u>25</u> IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hayti, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Reverente Northcutt</u>		13b. MOTHER'S MAIDEN NAME <u>Nadine Amie Dobson</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Nadine Northcutt</u> ADDRESS <u>Hayti, Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental suffocation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9250</u> <u>18</u>
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>room</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Hayti</u> (COUNTY) <u>Pemiscot</u> (STATE) <u>Mo</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>78</u>	

22. I hereby certify that I attended the deceased from 4-5-49, 1949, to 4-5-49, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 1045 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Masters DO.</u> (Degree or title)	23b. ADDRESS <u>Hayti, Mo</u>	23c. DATE SIGNED <u>4-6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>
		24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>

DATE REC'D BY LOCAL REG. <u>5-9-49</u>	REGISTRAR'S SIGNATURE <u>John W. German</u> <u>406</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u> ADDRESS <u>Hayti, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

78
2
1

5-49-130

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.

Signed John W German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hay to 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.