No. 300
10.48

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

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16060

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 173

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital No 1 Fulton, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Boone Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia, Mo
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) T. c. (Last) Northcutt
4. DATE OF DEATH: (Month) 5 (Day) 24, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-3- ~~1868~~ 1870
9. AGE (In years last birthday): 80 — If under 1 year: Months 5, Days 21 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): Ky
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Will Northcutt
13b. MOTHER'S MAIDEN NAME: Keziah Boardman
14. NAME OF HUSBAND OR WIFE: D. K.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): DK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: State Hospital No 1, Fulton, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) Cardiac hypertrophy, Ch. Nephritis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420K

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sudden, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* 5-24-50, *19*____, *and that death occurred at* 10:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. J. Miller (Degree or title) M D
23b. ADDRESS: State Hospital No 1 Fulton, Mo
23c. DATE SIGNED: 5-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26, 1950
24c. NAME OF CEMETERY OR CREMATORY: Liberty
24d. LOCATION (City, town, or county) (State): County

DATE REC'D BY LOCAL REG.: May 24-1950
REGISTRAR'S SIGNATURE: Maretta Lawrence 420
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Morse Jennings, Centralia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 30 1950
District Health Officer No. 9,
District File Number.....

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4270

P. O. Address Centralia Ma

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.