

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30598**
3965

BIRTH NO. <u>59511-00</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3965</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> <u>8150</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City.</u> <u>0</u>		c. LENGTH OF STAY (in this place) <u>44 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland Park</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6500 West 83 St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u>			b. (Middle) <u>Northcott</u>			c. (Last) <u>Northcott</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept. 15 1950</u>		9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>20</u>		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.A.S.</u>	
13a. FATHER'S NAME <u>Charles A. Northcott</u>			13b. MOTHER'S MAIDEN NAME <u>Opal Dill</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 date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles A. Northcott Overland Park, Ks.</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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyaline membrane in alveoli</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (due Nov. 7 '49)</u> DUE TO (c) <u>Central placenta previa in birth</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u> <u>774X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		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>9-17-50</u> , 1950, to <u>9-17-50</u> , 1950, that I last saw the deceased alive on <u>9-17</u> , 1950, and that death occurred at <u>7:35 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A.B. Sinclair Jr.</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>4711 Central St (2)</u>		23c. DATE SIGNED <u>9-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 18 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-18-50</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster 918 Brooklyn Kas. City, Mo.</u>			

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

Dr. A. B. SWOPE

Dr. Joseph R. Sloop

almond

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

Joseph R. Sloop

Signed.....
Student Embalmer

Licensed Embalmer No. *3599*

P. O. Address *A.C. 210*

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.