

STANDARD CERTIFICATE OF DEATH

State File No. 17343

FILED JUN 15 1953

BIRTH NO.

REG. DIST. NO. 59

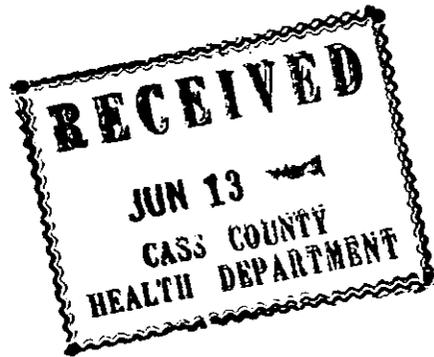
PRIMARY REG. DIST. NO. 5221

Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <i>Cass</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cass</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Creighton-Triples Sw. 6 yrs.</i>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Creighton - Dayton Twp.</i>		d. STREET ADDRESS (If rural, give location) <i>9 Miles Southwest 0190</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Home's</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Myrtle</i> b. (Middle) <i>Alta</i> c. (Last) <i>Northrup</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 3-53</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 13-1912</i>	9. AGE (In years last birthday) <i>41</i>	IF UNDER 1 YEAR Months <i>41</i>
IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife.</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Twins Brook, South Dakota</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Joseph W. Price</i>		13b. MOTHER'S MAIDEN NAME <i>Florence Green</i>	14. NAME OF HUSBAND OR WIFE <i>Stewart W. Northrup</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>495-34-8190</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr. Stewart W. Northrup Creighton Missouri</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8 hr</i>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <i>Cancer of Bladder</i>		
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>181X</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 <i>Nov 1950</i> , to <i>June 3, 1953</i> , that I last saw the deceased alive on <i>June 3, 1953</i> , and that death occurred at <i>11:30 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Robert E. ...</i>			23b. ADDRESS <i>Grader City mo</i>	23c. DATE SIGNED <i>6/5/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>June 7-1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Garden City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Garden City, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>June 7, 1953</i>	REGISTRAR'S SIGNATURE <i>Dora Barward</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albin ... Garden City, Mo</i>		

(Licensed Embalmer's Statement on Reverse Side)

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



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 Billy J. Hickey

Licensed Embalmer No. 4685

P. O. Address Hudson City, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.