

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **23737**

FILED JUL 7 - 1953

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 4546		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Denver 4546 mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Denver mo 1130			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) PEARLY T NORTHGRAVE			4. DATE OF DEATH (Month) (Day) (Year) June 27 1953				
5. SEX 1		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov 13 1882	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Noah Spillman		13b. MOTHER'S MAIDEN NAME Matilda Adams		14. NAME OF HUSBAND OR WIFE Joseph Northgrave	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Joseph Northgrave ADDRESS Denver mo			
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* Coronary Occlusion Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 2 days 3 months	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 490X				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) (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 Jan 1 , 19 53 , to Jan 27 , 19 53 , that I last saw the deceased alive on June 27 , 19 53 and that death occurred at 2 A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles J. McNamee M.D.				23b. ADDRESS Denver mo		23c. DATE SIGNED 7-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28 1953		24c. NAME OF CEMETERY OR CREMATORY Roger Cemetery		24d. LOCATION (City, town, or county) (State) Denver mo	
DATE REC'D BY LOCAL REG. July 4 1953		REGISTRAR'S SIGNATURE John E. Dawson		25. FUNERAL DIRECTOR'S SIGNATURE Kenneth R. Brann		ADDRESS Denver mo	

(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 _____

Licensed Embalmer No. 2947

P. O. Address Danvers, 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.