

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8196

State File No. _____

BIRTH NO. **FILED MAR 23 1954** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **5422** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, R. R. Ind. Twp. 3 yrs.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell		
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin County Farm			d. STREET ADDRESS (If rural, give location) City		

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) THOMAS c. (Last) NORTHINGTON			4. DATE OF DEATH (Month) (Day) (Year) March 15, 1954		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 31, 1865	9. AGE (In years last birthday) 88	10. MONTH 11	11. DAY 14	12. HOUR 11	13. MIN. 14
--------------------	-------------------------------	---	--	---	---------------------	-------------------	--------------------	--------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dunklin County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	---	--

13a. FATHER'S NAME John Northington	13b. MOTHER'S MAIDEN NAME Jane Wethers	14. NAME OF HUSBAND OR WIFE --
--	---	---------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Tom Murphy, Gibson, Missouri	ADDRESS
---	--	---	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	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 4201	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 **Jan 1953**, to **Mar 15, 1954**, that I last saw the deceased alive on **3-14, 1954**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE D. T. Dumper (Degree of title) MD	23b. ADDRESS Kennett, Mo	23c. DATE SIGNED 3-18-54
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 17, 1954	24c. NAME OF CEMETERY OR CREMATORY North Canaan Cemetery	24d. LOCATION (City, town, or county) (State) Gibson, Missouri
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG 3-18-1954	REGISTRAR'S SIGNATURE Carl Hubbard	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home	ADDRESS Campbell, Mo
--	---	--	-----------------------------

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

No. 300
10.48
50
5

0043

STATE OF MISSISSIPPI

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-22-54
COUNTY FILE NUMBER 354 -

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 *Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address *Campbell M*

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.