

FILED APR 15 1955

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Crowford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Stellville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Breton</u>	
c. LENGTH OF STAY (in this place) <u>16 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Valley Nursinghome</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Northcutt</u> c. (Last) <u>Northcutt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 1955</u>
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-12-1874</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: MONTHS <u>2</u> DAYS <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Washington county, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Northcutt</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Clemma Northcutt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rachal Morris</u>
		ADDRESS <u>1727.50th E. St Louis</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility.</u> DUE TO (c) _____ 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>4 days.</u> <u>Not known</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>490X</u> YES <input 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)	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>4/9</u> , 19 <u>55</u> , to _____, 19____, that I last saw the deceased alive on <u>4/9</u> , 19 <u>55</u> , and that death occurred at <u>3:15</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Robey</u>		23b. ADDRESS <u>2 DO Steelville, Mo</u>	23c. DATE SIGNED <u>4/13/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-12-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lost Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lost Creek, Mo</u>
DATE REC'D BY LOCAL REG. <u>4/13/55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lechue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur W. Smith</u>	ADDRESS <u>Potosi, Mo</u>

(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 Mary M. Smith

Licensed Embalmer No. 4794

P. O. Address Potosi, 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.