

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044284

AMENDED

DATE AWARDED
2/7/62

2011 Roanoke

2011 Rosebriar

2d

DOCUMENT

BY AFFIDAVIT OF Informant

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1270 STATE FILE NUMBER

FILED DEC 26 1961

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 17 days		c. CITY OR TOWN Springfield,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 2011 Rosebriar		(If outside, give location) Rosebriar Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle ROBERT Last NORTHINGTON				4. DATE OF DEATH Month December Day 17, Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH June 23, 1895	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 5 Days 24 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired operator		10b. KIND OF BUSINESS OR INDUSTRY Concrete Block Co.		11. BIRTHPLACE (City and state or country) Clarksville, Tennessee		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Nicholas Northington			13b. MOTHER'S MAIDEN NAME Elizabeth Ussery		14. NAME OF HUSBAND OR WIFE Vera J. Northington		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. War I		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Vera J. Northington Address Springfield, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) With pleural and rib metastases DUE TO (c) metastases PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. NONE	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from June 1961 to Dec. 17, 1961 and last saw ^{HE} him alive on 12-17-61 Death occurred at 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. J. Darr, M.D. (Degree or title)				22b. ADDRESS 609 Cherry, Springfield, Mo.		22c. DATE SIGNED 12/18/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 19, 1961	23c. NAME OF CEMETERY OR CREMATORY Elmwood		23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)	
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home, Inc. ADDRESS Springfield, Missouri			25. DATE RECD. BY LOCAL REG. 12-18-61		26. REGISTRAR'S SIGNATURE Effie S. Meekin		

DEC 26 1961

JAN 26 1962

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 _____
Signature of Student Embalmer

Signed L. D. Solmi Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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