

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014715

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. \_\_\_\_\_ Registrar's No. 27

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 20 1963

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shirley-WALTON Twp</u> Length of stay in 1b <u>16 months</u>		c. CITY OR TOWN <u>Bonne Terre</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shirley Missouri</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>203 So. Division Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Celestia Pearlina Northcutt</u>			4. DATE OF DEATH Month Day Year <u>March 11, 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/9/1880</u>
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and state or country). <u>Jefferson County Mo. U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Levi Mc Colloch</u>	
13b. MOTHER'S MAIDEN NAME <u>Pearlina Harrington</u>		14. NAME OF HUSBAND OR WIFE <u>James Austin 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. _____	
17. INFORMANT <u>Mrs. Florence Fitzwater, Shirley, Mo</u>		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) <u>Influenza</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>14 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiplegia left side</u>			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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year. a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Nov-12-1962</u> to <u>Mar-11-1963</u> and last saw her/him alive on <u>Mar-11-1963</u> . Death occurred at <u>6 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joseph L. F. Curran, M.D.</u>		22b. ADDRESS <u>Potosi, Mo.</u>	22c. DATE SIGNED <u>3-13-1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/14/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery R.R. Potosi, Missouri</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Sparks Funeral Home, Bonne Terre, Mo.</u>		25. DATE RECEIVED BY LOCAL REG. <u>3/19/63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAR 21 1963

**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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Bonne Terre

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). <sup>no</sup>

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.