THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1952

State File No. 6040

BIRTH NO. 1830 REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6968 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Carroll Twp.)
c. LENGTH OF STAY (In this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi. E. of Platte City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Carroll Twp.) 0830
d. STREET ADDRESS (If rural, give location): 5 mi. E. of Platte City

3. NAME OF DECEASED (Type or Print): a. (First) Lucille b. (Middle) none c. (Last) Northern

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1952

5. SEX: F 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0

8. DATE OF BIRTH: 11-27-49

9. AGE (In years last birthday): 2 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Eugene Northern

13b. MOTHER'S MAIDEN NAME: Bessie Cline

14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Eugene Northern, Platte City, Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) TOXIC DIARRHEA — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) FOOD POISONING (?)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* None, 19__ *to* ____, 19__, *that I last saw the deceased alive on* None, 19__, *and that death occurred at* 8 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. Graham P. Parker (Degree or title) MD

23b. ADDRESS: Platte City, Mo

23c. DATE SIGNED: 2/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-17-52

24c. NAME OF CEMETERY OR CREMATORY: Platte City Cemetery

24d. LOCATION (City, town, or county) (State): Platte City, Mo.

DATE REC'D BY LOCAL REG.: Feb 17-52

REGISTRAR'S SIGNATURE: Ophia Rollins 257

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Rollins & Mitchell, Platte City, 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 Roland M. Giffee

Licensed Embalmer No. 4725

P. O. Address Platte City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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