

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 146

0352
1

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u> <u>0352</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1006 Whitney Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1006 Whitney Street</u>		e. STREET ADDRESS (If rural, give location) <u>1006 Whitney Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>L.</u> c. (Last) <u>Northington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15-1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 3</u>	
8. DATE OF BIRTH <u>Jan 3-1880</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR: Months <u>10</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dunklin County Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		12a. FATHER'S NAME <u>John Northington</u>		12b. MOTHER'S MAIDEN NAME <u>Francis Trout</u>	
12c. NAME OF HUSBAND OR WIFE <u>None</u>		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		13a. SOCIAL SECURITY NO. <u>None</u>	
13b. SOCIAL SECURITY NO. <u>None</u>		13c. INFORMANT'S SIGNATURE OR NAME <u>Ida Bess Holcomb</u>		13d. ADDRESS <u>Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		_____	
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 _____		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) <u>4201</u>	
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 July 5, 1952 to Nov 15, 1952 that I last saw the deceased alive on Nov 1, 1952 and that death occurred at 1:50 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chester R. Beck M.D.</u>		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>Nov 17</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lloyd Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Holcomb Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmanuel Jonesboro, Ark.</u>		ADDRESS _____	

DATE REC'D BY LOCAL REG. <u>11-17-52</u>		REGISTRAR'S SIGNATURE <u>Carl H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmanuel Jonesboro, Ark.</u>	
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-18-52
COUNTY FILE NUMBER 1152-314

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

Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address *Kennett 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.