

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39579**

BIRTH NO. **FILED NOV 28 1952** REG. DIST. NO. **242** PRIMARY REG. DIST. NO. **4361** Registrar's No. **17**

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY New Madrid | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canalou, Mo | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canalou, Mo | |
| c. LENGTH OF STAY (in this place) 8 Years | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|-------------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) Robert c. (Last) Northern | | | 4. DATE OF DEATH (Month) (Day) (Year) 11 2 1952 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2 | 8. DATE OF BIRTH Dec/14 1880 | | 9. AGE (In years last birthday) 71 # UNDER 1 YEAR Months 10 Days 18 # UNDER 24 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Cotton & Corn | | 11. BIRTHPLACE (State or foreign country) KV | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|---|---|------------------------------------|--|--|--|
| 13a. FATHER'S NAME John Northern | 13b. MOTHER'S MAIDEN NAME Alice Burchell | 14. NAME OF HUSBAND OR WIFE | | | |
|---|---|------------------------------------|--|--|--|

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|--|---|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Jennie Peck Canalou, Mo | | | |
| | | ADDRESS | | | |

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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|---|---|--|
| 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 11-1, 1952, to 11-1, 1952 that I last saw the deceased alive on 11-1, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

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|---|-------------------|---|---|
| 23a. SIGNATURE <i>Alden Sarsen M.D.</i> | (Degree or title) | 23b. ADDRESS <i>Sikeston, Mo.</i> | 23c. DATE SIGNED <i>11-7-52</i> |
|---|-------------------|---|---|

| | | | |
|---|------------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11/4/52 | 24c. NAME OF CEMETERY OR CREMATORY Armour Cemetery | 24d. LOCATION (City, town, or county) (State) Rt #1, Bertrand, Mo |
|---|------------------------------------|---|--|

| | | | |
|--|--|---|----------------|
| DATE REC'D BY LOCAL REG. <i>11/25-52</i> | REGISTRAR'S SIGNATURE <i>Thomas M. Sheeter</i> | DEPUTY DIRECTOR'S SIGNATURE <i>Henry Jones Sikeston</i> | ADDRESS |
|--|--|---|----------------|

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

S. No. 300
V. 10.48

0720

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DEC 9 1936

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

John Allerton

Signed.....

Student Embalmer

Licensed Embalmer No. 7941

P. O. Address W. Keston

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.