

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17921**

BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>3006</b>		Registrar's No. <b>193</b>	
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Calloway</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. LENGTH OF STAY (in this place) <b>9 Mos</b>		c. CITY OR TOWN <b>Fulton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rosenbalm Nursing Home</b>				STREET ADDRESS (If rural, give location) <b>301 W. 5th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle) <b>Everett</b>			c. (Last) <b>Northcutt</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 8, 1954</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 16, 1889</b>	
9. AGE (In years) (last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 1 Wks. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Admin.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Boone County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John A. Northcutt</b>			13b. MOTHER'S MAIDEN NAME <b>Annie C. Smith</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>497-18-4157</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Eddie Farris, Columbia, MO.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Stone in Rt. Kidney</b> DUE TO (c) <b>Hemiplegia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>  <b>20 yrs</b>  <b>8 mo.</b>
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>602 X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>Jan-16, 1954</b> , to <b>July 8, 1954</b> , that I last saw the deceased alive on <b>July-6, 1954</b> and that death occurred at <b>6:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J.C. Suggitt</b> (Degree or title)			23b. ADDRESS <b>Columbia, Mo.</b>			23c. DATE SIGNED <b>7-9-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/10/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 9 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Memorial Funeral Home, Columbia, Mo.</b>			

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

9961 82 900\*

11 1/2 X 16"

AUG 17 1953

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 *Lyman A. Spunkle*

Licensed Embalmer No. 401

P. O. Address *Columbia*

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.