

No. 300
10.48

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21047

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5212

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN <u>St. Louis, Missouri</u> c. LENGTH OF STAY (in this place) <u>8 days 5 hrs</u>		c. CITY OR TOWN <u>Shirley,</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>I.</u> c. (Last) <u>Northcutt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1954</u>	

5. SEX <u>Male</u> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>4-10-1883</u>	9. AGE (in years last birthday) <u>71 yrs.</u> IF UNDER 1 YEAR: Months <u>1</u> Days <u>29</u> IF UNDER 10 HRS. Hours <u> </u> Min. <u> </u>
--	-------------------------------	---	-----------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Gideon Northcutt</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Smith</u>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Reichegert Flournoy</u> ADDRESS _____
---	-------------------------------	--

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) <u>PULMONARY EMBOLISM</u>		<u>ACUTE</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE WITH MURAL THROMBUS</u>		<u>UNDETER</u>
DUE TO (c) <u>CORONARY ARTERIOSCLEROSIS</u>		<u>UNDETER</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DIABETES MELLITUS</u>		<u>UNDETER</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>

22. I hereby certify that I attended the deceased from 6/1, 1954, to 6/9, 1954, that I last saw the deceased alive on 6/9, 1954, and that death occurred at 5:30 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Phineas Parker M.D.</u>	23b. ADDRESS <u>St. Louis, Mo. 4660 Nearlaced</u>	23c. DATE SIGNED <u>6/9/54</u>
---	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>6-11-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>JUN 11 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Sparks</u> ADDRESS <u>Potosi, Mo.</u>
---	--	---

(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.....
Signature of Student Embalmer

Signed *Murphy Sparks*

Licensed Embalmer No. *4231*

P. O. Address *Flat River, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.