

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5030

State File No. ....

FILED FEB 17 1956

510

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>15 months</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. In 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 <u>8109 SUMMIT</u>				e. STREET ADDRESS (If rural, give location) <u>8109 SUMMIT</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>ANDREW</u>		c. (Last) <u>NORTHUP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 2-1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 4-1905</u>		9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES REP.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHICAGO RAW WASTE MANUFACT.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OTTO WA KANS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY NORTHUP</u>			13b. MOTHER'S MAIDEN NAME <u>Celia C. Hawks</u>		14. NAME OF HUSBAND OR WIFE <u>MRS NAOMI M. NORTHUP</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>340-07-1373</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS NAOMI M NORTHUP</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arterio-sclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>No days</u>  <u>8 mos.</u>  <u>4201</u>	
19a. DATE OF OPERATION <u>                    </u>		19b. MAJOR FINDINGS OF OPERATION <u>                    </u>				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>                    </u>			
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>                    </u>			
22. I hereby certify that I attended the deceased from <u>May 20, 1955</u> , to <u>Feb 2, 1956</u> , that I last saw the deceased alive on <u>JAN 31, 1956</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert Jansen</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>101 E 63rd St.</u>		23c. DATE SIGNED <u>2-3-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-3-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>                    </u>		24d. LOCATION (City, town, or county) (State) <u>Chicago Ill.</u>	
DATE REC'D BY LOCAL REG. <u>2-3-56</u>		REGISTRAR'S SIGNATURE <u>Wend Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Newcomer</u> ADDRESS <u>K-C-Mo.</u>			

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

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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..... *Richard D Rogers*

Licensed Embalmer No. *495*

P. O. Address *H.P. Inc*

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.