No. 300
10.48

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

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29665

State File No.

BIRTH NO. REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potosi
c. LENGTH OF STAY (in this place): 50yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 105 E. Jefferson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN: Potosi
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 105 E. Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Latty
b. (Middle): Jane
c. (Last): Northway

4. DATE OF DEATH (Month) (Day) (Year): August, 29, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-13-1888
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months: 11 Days: 16 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Palmer, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James R. Whitehead
13b. MOTHER'S MAIDEN NAME: Eliza Jane Blount
14. NAME OF HUSBAND OR WIFE: Marion Northway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr Marion Northway — ADDRESS: Potosi, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-Vascular Disease — 5 years.

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
4211
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 29, 1956, *to* Aug. 29, 1956, *that I last saw the deceased alive on* Aug. 29, 1956, *and that death occurred at* 730A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward W. Lake, DO.
23b. ADDRESS: Potosi, Missouri
23c. DATE SIGNED: Aug. 31, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-1956
24c. NAME OF CEMETERY OR CREMATORY: New Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Potosi Mo

DATE REC'D BY LOCAL REG.: 8/31/56
REGISTRAR'S SIGNATURE: Herbert Kendall
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur M. Smith
ADDRESS: Potosi, Mo

(Licensed Embalmer's Statement on Reverse Side)

403

RECEIVED

SEP

WASH. COUNTY HEALTH DEPT.

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 439

P. O. Address Potosi Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.