

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003337

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 34

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS 5327 Pershing Ave.	
Length of stay in lb 1 1/2 Hr.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MAUDE NMN NORTHCUTT			4. DATE OF DEATH JANUARY 1, 1959 Month Day Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 31, 1885
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 73
10a. FATHER'S NAME John Walker		10b. MOTHER'S MAIDEN NAME Ella -	10c. NAME OF HUSBAND OR WIFE Walter Northcutt
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		11. SOCIAL SECURITY NO. None	11. INFORMANT Address William Northcutt, 5327 Pershing
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE RECURRENT PULMONARY EMBOLI DUE TO (b) PHLEBOTROMBOSIS, VEINS OF LEGS, SUSPECTED DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			12. INTERVAL BETWEEN ONSET AND DEATH 6 DAYS UNKNOWN
13a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		13b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 466x	
14c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		14d. CITY, TOWN, OR LOCATION COUNTY STATE	
15d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		15e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
16. I attended the deceased from DEC. 14, 1958 to JAN. 1, 1959 and last saw her alive on JAN. 1, 1959		16. Death occurred at 12:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
17a. SIGNATURE (Degree or title) C. C. Hamilton M. D.		17b. ADDRESS BARNES HOSPITAL	
17c. DATE SIGNED 1/2/59		17d. LOCATION (City, town, or county) (State) St. Louis Mo.	
18a. BURIAL, CREMATION, REMOVAL (Specify) burial		18b. DATE 1/5/59	
18c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		18d. LOCATION (City, town, or county) (State) St. Louis Mo.	
19. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.		20. DATE RECD. BY LOCAL REG. JAN 3 59	
20. REGISTRAR'S SIGNATURE J. Earl Smith MD (H.T.)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Warren A. Carr*

Licensed Embalmer No. *353*

P. O. Address

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.