THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004348
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Osteopathic Hosp. — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Kirksville Mo. — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 1220 E. Patterson — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First Kathryn Middle Lynn Last Northrop
4. DATE OF DEATH: Month 2 Day 15 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ✓ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-15-59
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Kirksville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Hamilton Northrop
14. MOTHER'S MAIDEN NAME: Patricia Ann Curtis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Patricia Curtis Northrop Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medulary Paralysis
atelectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Abnormal Spinal Fluid Dynamics - Pulmonary
DUE TO (c) Congenital cerebro-spinal abnormalities

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7531

19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 15 (10:20 am) to Feb 15, 1959 and last saw her/him alive on Feb 15, 1959
Death occurred at 11:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Nelson D. King D.O. (Degree or title)
22b. ADDRESS 800 W. Jefferson - Kirksville
22c. DATE SIGNED 2/16/59

23a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) Removal
23b. DATE 2-16-1959
23c. NAME OF CEMETERY OR CREMATORY K.C.O.S. Laboratory
23d. LOCATION (City, town, or county) (State) Kirksville, Missouri

24. FUNERAL DIRECTOR Floyd E. Sunday ADDRESS KCOS
25. DATE RECD. BY LOCAL REG. 2-16-1959
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Nelson D. King D.O.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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