

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15190

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5226 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before OF admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY OR TOWN <u>Carden City</u>		c. LENGTH OF STAY (in this place) <u>Ind. & township</u>	c. CITY OR TOWN <u>Missouri, Straubsville</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles - North East of Carden City</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Courtney</u>			4. DATE OF DEATH (Month) - (Day) (Year) <u>5 15 49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED <u>Married</u> (Specify)	8. DATE OF BIRTH <u>NOV. 13 1867</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u> IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Jackson City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Thomas Courtney</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy E. Courtney</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Miss James T. Courtney Jackson City Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & vom</u> DUE TO (c) <u>arterio-sclerosis with Nephritis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION <u>X</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	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) (Min.) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>April 11, 1949</u> , to <u>May 5, 1949</u> , that I last saw the deceased alive on <u>May 5, 1949</u> , and that death occurred at <u>1-00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Frank B. Ellis, M.D.</u> (Degree or title)		23b. ADDRESS <u>Ellis Building Carden City, Mo.</u>		23c. DATE SIGNED <u>May 16, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 17, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Straubsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Straubsville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 16, 1949</u>	REGISTRAR'S SIGNATURE <u>Rama J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLennan Bros. Jackson City, Missouri</u> ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

19
00

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 _____

Bill J. Dickey

Student Embalmer No. *254*

working under my personal supervision.

Signed *Bill J. Dickey*
Student Embalmer

Signed *Floyd Harrison*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.)

MO

If this body is not embalmed, fact should be so stated above.