

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19025**
Registrar's No. **45**

BIRTH NO. _____		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 5336		Registrar's No. 45		
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade				
b. CITY OR TOWN Rural-Center Twp.		c. LENGTH OF STAY (in this place) 58 yrs.		c. CITY OR TOWN Rural-Center Twp.		d. STREET ADDRESS (If rural, give location) 3 1/2 mi North of Greenfield		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 mi North of Greenfield				d. STREET ADDRESS (If rural, give location) 3 1/2 mi North of Greenfield				
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) K. c. (Last) COURTNEY			4. DATE OF DEATH (Month) (Day) (Year) June 8 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 2 1880		
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 8 Days 6		IF UNDER 1 HR. Hours - Min. -				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Jess Courtney			13b. MOTHER'S MAIDEN NAME Sarah Ellen Robinson		14. NAME OF HUSBAND OR WIFE Dolly Vansandt Courtney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dolly Courtney, Greenfield, 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) Cerebral embolism ANTECEDENT CAUSES Arterio-sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4300	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 4-3- 19 46 , to 7-25- 19 49 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. D. Combs, M.D.			23b. ADDRESS Lockwood Mo.			23c. DATE SIGNED 6-10-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-11-49		24c. NAME OF CEMETERY OR CREMATORY Wetzel Cemetery		24d. LOCATION (City, town, or county) (State) Near Greenfield, Mo.		
DATE RECD BY LOCAL REG. 6-19-49		REGISTRAR'S SIGNATURE Geo. L. Weir		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada		ADDRESS Greenfield, Mo.		

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

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RECEIVED

District Health Officer No. 6,

District File Number 749-739

Date Filed 6-27-49

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.

Signed _____

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Mo.

Signed.....
Student Embalmer

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