

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22440

2000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5010 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Benton twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Francis Wayne Courtney 4. DATE OF DEATH (Month) (Day) (Year) 7 13 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH 8-28-1908 9. AGE (In years last birthday) 40 if UNDER 1 YEAR Months 10 Days 15 if UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Savannah Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Clark Courtney 13b. MOTHER'S MAIDEN NAME Mary Smith 14. NAME OF HUSBAND OR WIFE S

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II 16. SOCIAL SECURITY NO. 493-18-8161 17. INFORMANT'S SIGNATURE OR NAME Miss Bertha Smith ADDRESS Savannah 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction 6 mo.
ANTECEDENT CAUSES Myocardial infarction 2 mo.
Morbidity 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. None

INTERVAL BETWEEN ONSET AND DEATH 4 1/2

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

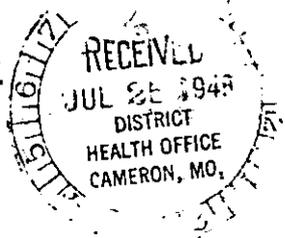
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 1 1949 to July 13 1949, that I last saw the deceased alive on July 12 1949, and that death occurred at 4 P. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Kelley M.D. 23b. ADDRESS Savannah Mo 23c. DATE SIGNED 7-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 7-16-1949 24c. NAME OF CEMETERY OR CREMATORY SAVANNAH 24d. LOCATION (City, town, or county) (State) SAVANNAH MO

DATE REC'D BY LOCAL REG. 7/16/49 REGISTRAR'S SIGNATURE Lillian Sparks 25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home ADDRESS Savannah Mo.



JUL 16 1953

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
Student Embalmer

Signed P. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Swannish Mo

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.