

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23381

State File No.

BIRTH NO. REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4205 Registrar's No. 52

1. PLACE OF DEATH <u>Gilman City Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Harrison</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u> <u>0410</u>	
c. LENGTH OF STAY (in this place) <u>11 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>PETER</u>	c. (Last) <u>TOURNEY</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>6 21 1950</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-29-1858</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>rural - Daviess County</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ferdinand Tourney</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Harper</u>	14. NAME OF HUSBAND OR WIFE <u>Cordelia Tourney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas Tourney</u>	ADDRESS <u>Gilman City</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Renal Failure</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>592X</u>
19a. DATE OF OPERATION			

19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept, 1949, to 9/21, 1950, that I last saw the deceased alive on 9/21, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Andrew Wood</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Gilman City</u>	23c. DATE SIGNED <u>9/26/50</u>
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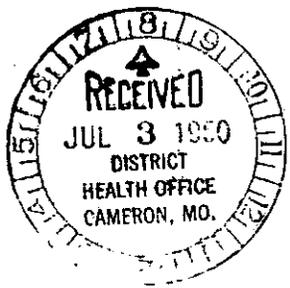
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-23-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Cemetery</u>	24d. LOCATION (City, town, or county) <u>Lincoln Township, Daviess Co</u> (State)
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DATE REC'D BY LOCAL REG. <u>6-26-50</u>	REGISTRAR'S SIGNATURE <u>Zola Burris 116</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Staines</u>	ADDRESS <u>Gilman City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0410

JUL 27 1950



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.....

W. D. Haines

working under my personal supervision.

Student Embalmer No. ~~.....~~.....

Signed *W. D. Haines*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *949*.....

P. O. Address *Belmont City, MD*.....

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.