

FILED DEC 9 1950

# STANDARD CERTIFICATE OF DEATH

State File No. **37743**  
Registrar's No. **403**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

**1. PLACE OF DEATH**  
 a. COUNTY **Marion**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hannibal**  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Elizabeth Hosp.**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **Marion**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hannibal** **0644**  
 d. STREET ADDRESS (If rural, give location) **411 South Hayden** **10**

**3. NAME OF DECEASED**  
 a. (First) **Sara** b. (Middle) **E** c. (Last) **Coursey**  
 4. DATE OF DEATH (Month) (Day) (Year) **11-27-50**

5. SEX **Female** 3  
 6. COLOR OR RACE **Negro**  
 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) **I**  
 8. DATE OF BIRTH **2-22-1883**  
 9. AGE (In years last birthday) Months Days Hours Mins. **67 9 5**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **cook**  
 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (State or foreign country) **Balls County, Mo**  
 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Alfred Harrington**  
 13b. MOTHER'S MAIDEN NAME **Rosetta Ford**  
 14. NAME OF HUSBAND OR WIFE **Lehas R. Coursey**

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 **Russell Harrington** ADDRESS **2715 Carroll St**

**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, asthma, etc. It means the disease, injury, or complication which caused death.

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Cerebral Coronary Thrombosis**  
 ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) **Cerebral Thrombosis**  
 DUE TO (c)  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death. **4201**

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 **11-24**, 19**50**, to **11-27**, 19**50**, that I last saw the deceased alive on **11-27**, 19**50**, and that death occurred at **2:35 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. W. F. Fox M.D.**  
 23b. ADDRESS **Hannibal Mo**  
 23c. DATE SIGNED **11-30-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**  
 24b. DATE **Nov. 30-1950**  
 24c. NAME OF CEMETERY OR CREMATORY **Robinson Cem.**  
 24d. LOCATION (City, town, or county) (State) **Hannibal Mo**

DATE REC'D BY LOCAL REG. **12-2-50**  
 REGISTRAR'S SIGNATURE **Dr. E. M. Lucas**  
 TITLE **Deputy**  
 25. FUNERAL DIRECTOR'S SIGNATURE **E. G. Roberts** ADDRESS **Hannibal Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

0644  
0

RECEIVED

DEC 6 1950

HEALTH DEPT.

DEC 7 1950

MAILED

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 *Geo E Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Hannibal 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.