

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11579**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **453**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 55 years.		d. STREET ADDRESS (If rural, give location) 2529 S. 12th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2529 S. 12th Street		e. STREET ADDRESS (If rural, give location) 2529 S. 12th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Alonzo b. (Middle) Lewis c. (Last) Courtney			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1951.			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 14, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Trainman		10b. KIND OF BUSINESS OR INDUSTRY Rock Island R.R.		11. BIRTHPLACE (State or foreign country) Wailand, Iowa.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ezra L. Courtney		13b. MOTHER'S MAIDEN NAME Elizabeth Eschelmann		14. NAME OF HUSBAND OR WIFE Bernice Courtney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 708-10-7885		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bernice Courtney St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate		INSET BETWEEN ONSET AND DEATH 2/50
	ANTECEDENT CAUSES 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. Anemia record		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	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) 177X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **7/8**, 19**51**, to **4/14**, 19**51**, that I last saw the deceased alive on **4/14**, 19**51**, and that death occurred at **2:45 P** m., from the causes and on the date stated above.

23a. SIGNATURE Frank J. Hurdigan MD (Degree or title)	23b. ADDRESS 620 Francis St.	23c. DATE SIGNED 4/18/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 20, 1951.	24c. NAME OF CEMETERY OR CREMATORY Knights of Pythias Cem.
24d. LOCATION (City, town, or county) (State) Trenton, Missouri.		

DATE REC'D BY LOCAL REG. April 26, 1951	REGISTRAR'S SIGNATURE Carl C. Castile	FUNERAL DIRECTOR'S SIGNATURE Halter Meierhoff	ADDRESS St. Joseph, Mo.
--	--	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 3 1917

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*****

working under my personal supervision.

Student Embalmer No.....*

Signed

Raymond W. Marches

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.