

FILED DEC 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38001  
Registrar's No. 96

0560

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

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4281</u>		Registrar's No. <u>96</u>			
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>					
b. CITY OR TOWN <u>CANTON</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>CANTON</u>		0560			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>408 white</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>JAMES</u>		c. (Last) <u>Courtney</u>			
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>16</u>		(Year) <u>1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 15, 1862</u>			
9. AGE (in years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u>		11. BIRTHPLACE (State or foreign country) <u>Louisville Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Master Courtney</u>			13b. MOTHER'S MAIDEN NAME <u>Edna Pearl Rowland</u>			14. NAME OF HUSBAND OR WIFE <u>Mary A. Courtney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louie Thomas</u>			ADDRESS <u>Canton Mo</u>	
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				DUE TO (b) <u>Arteriosclerosis</u>				<u>Unknown</u>	
ANTECEDENT CAUSES				DUE TO (c) _____				<u>Unknown</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>11-16-51</u> , 19 <u>51</u> , to <u>11-16-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-16-51</u> , 19 <u>51</u> , and that death occurred at <u>2:00</u> Am., from the causes and on the date stated above.									
23a. SIGNATURE <u>Sam H. Roberts, D.O.</u> (Degree or title)				23b. ADDRESS <u>Canton, Mo.</u>				23c. DATE SIGNED <u>11-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Canton, Lewis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-21-51</u>		REGISTRAR'S SIGNATURE <u>P. H. Jennings</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Buckley</u>			ADDRESS <u>Canton Mo.</u>	

Date Received: NOV 27 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 11-51-2147  
Date Filed: NOV 30 1957

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

*Carl H. Barkley*

Licensed Embalmer No. *2615*

P. O. Address *Centon, 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.