No. 300
No. 48

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

FILED APR 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11825

BIRTH NO. _____ REG. DIST. NO. 368 PRIMARY REG. DIST. NO. 6248 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Richwoods
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Richwoods Mo

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Richwoods 1100
d. STREET ADDRESS (If rural, give location): Richwoods. Mo. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Catherine
b. (Middle): S.
c. (Last): Courtois

4. DATE OF DEATH (Month) (Day) (Year): 3-14-52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 10-4-1858
9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months 6 Days 10
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Richwoods-Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Rulo
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Tilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Charley Courtois - Richwoods

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchial Influenza — 7 days

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: 480X
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* 3-10-, 19 52, *to* 3-14-, 19 52, *that I last saw the deceased alive on* 3-10-, 19 52, *and that death occurred at* 1 45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Mitchell M.D.
23b. ADDRESS: St. Clair Mo
23c. DATE SIGNED: 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: Courtois Cemetery
24d. LOCATION (City, town, or county) (State): Washington Co.

DATE REC'D BY LOCAL REG.: March 11 '52
REGISTRAR'S SIGNATURE: Mary Z Long 339
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Sherman M. Mitchell St. Clair Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AM
WASH. COUNTY HEALTH DEPT.
File No. 452-307

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.....

Licensed Embalmer No.....

P. O. Address.....

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.