No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27841

FILED AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4205 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Harrison 0410 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gilman City
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) Family Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gilman City 0410 0
d. STREET ADDRESS (If rural, give location) No Street Add

3. NAME OF DECEASED (Type or Print)
a. (First) Charley
b. (Middle) Emery
c. (Last) Tourney

4. DATE OF DEATH (Month) (Day) (Year) Aug 15 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Feb. 25, 1872
9. AGE (In years last birthday) 80 — If under 1 year: Months 5 Days 20 — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (City and State or Foreign Country) Daviess Co. MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ferdinand Tourney
13b. MOTHER'S MAIDEN NAME Luara Harper
14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Willa White
ADDRESS

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) Nephritis Chronic — INTERVAL BETWEEN ONSET AND DEATH yrs

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 572X
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* Jan 1, 1952, *to* Aug 15, 1952, *that I last saw the deceased alive on* Aug 14, 1952, *and that death occurred at* 11:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Gilman City Mo
23c. DATE SIGNED Aug 18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Aug 19 1952
24b. DATE Aug. 18, 1952
24c. NAME OF CEMETERY OR CREMATORY Masonic Cem
24d. LOCATION (City, town, or county) (State) Gilman City MO

DATE REC'D BY LOCAL REG. 8/22/52
REGISTRAR'S SIGNATURE Zola Burris 116
25. FUNERAL DIRECTOR'S SIGNATURE Williamson Funeral Home Gilman City
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 J Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.