

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1252**

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

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	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2235 Eugene Field Ave.		d. STREET ADDRESS (If rural, give location) 1520 No. 15 St.	

3. NAME OF DECEASED (Type or Print) Herbert Ray Courter			4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 10th, 1900 52	9. AGE (In years last birthday) Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Dept.		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.

13a. FATHER'S NAME Charles Courter		13b. MOTHER'S MAIDEN NAME Edith Muggleston		14. NAME OF HUSBAND OR WIFE Lucille Courter	
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 500-07-4483		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. Ray Courter St. Joseph	

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) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day	
	ANTECEDENT CAUSES Mortib conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardio-Vascular Disease			1 year
	DUE TO (c) Man died suddenly without a history of serious illness or disability.			
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 4201		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)			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 examined the deceased ^{viewed} examined on 11/26, 1952 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 pm. , from the causes and on the date stated above.						

23a. SIGNATURE H. F. Mandy M.D. (Coroner)			23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 11/26/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 2/52		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo	
DATE REC'D BY LOCAL REG. December 4, 1952		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry		ADDRESS St. Joseph Mo.	

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 Victor Barry

Licensed Embalmer No. 14212

P. O. Address St Joseph MA

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.