

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39214**

FILED NOV 20 1952

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **A249** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY Jeff.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jeff.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) George Courtois a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1952
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married	8. DATE OF BIRTH July 28, 1868
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) St. Genevieve Co. Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY laborer	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis Courtois		13b. MOTHER'S MAIDEN NAME Katherine Berry	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wallace Hayes - Festus, 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, asphyxia, 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) By suffocation in the fire at Cedar Grove Nursing Home Hillsboro, Mo.		ANTECEDENT CAUSES 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.		E9167 40	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) 050	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carl Long Coroner		23b. ADDRESS R. R. 1 De Soto, Mo.	23c. DATE SIGNED 11/1/52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 30 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Genevieve, Mo.
DATE REC'D BY LOCAL REG. 11-1-52	REGISTRAR'S SIGNATURE Rodney Marsden	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bentley R. Polite Crystal City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

10-2-52

0500
4
WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED NOV 14 1952

DEC 2 1952

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 _____

Gentry R. Politte

Signed.....
Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.