

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6827**

FILED MAR 4 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <b>Missouri</b> COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>609 Bridge St.,</b>	

3. NAME OF DECEASED (Type or Print) <b>Ambrose Coursey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-18-1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Color Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>7/18/1884</b>		9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Monroe County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Henry Coursey</b>		13b. MOTHER'S MAIDEN NAME <b>Susie Baxter</b>		14. NAME OF HUSBAND OR WIFE <b>Ursa</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-07-4112</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ursa Tapp - Hannibal Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 day</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>		3 day	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

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)	
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 attended the deceased from **2-14-1953**, to **2-18-1953**, that I last saw the deceased alive on **2-17-1953** and that death occurred at **12:30A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. J. Murphy M.D.</b> (Degree or title)		23b. ADDRESS <b>Hannibal Missouri</b>		23c. DATE SIGNED <b>2/20/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/20/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Robinson Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Hannibal, Marion, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. M. McDonnell</b>		ADDRESS <b>Hannibal Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-24-53</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1953  
**RECEIVED**  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** MAR 3 1953

**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. M. McNamee*

Licensed Embalmer No. 3889

P. O. Address *Marion, 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.