

FILED SEP 8 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6107</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ARBELA Thomas</u>		c. LENGTH OF STAY (in this place) <u>3 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		0990		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margurete</u> b. (Middle) <u>Courtney</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29-1953</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 27, 1891</u>		
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>		IF UNDER 1 YEAR Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>WAYNE Co. Ill</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>LEE DEHART</u>		13b. MOTHER'S MAIDEN NAME <u>JUDITH McCALLISTER</u>		14. NAME OF HUSBAND OR WIFE <u>MARIAN W. COURTNEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Uma Thomas</u> ADDRESS <u>ARBELA Mo</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Aug 27-28 1953</u>	
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) <u>331 X</u>				
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 <u>June 20, 1953</u> , to <u>Aug 28, 1953</u> , that I last saw the deceased alive on <u>Aug 28, 1953</u> , and that death occurred at <u>11:40 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>E. E. Symmonds, D.O.</u> (Degree or title)				23b. ADDRESS <u>Memphis, Mo</u>		23c. DATE SIGNED <u>Aug 29-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-31-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>		24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>		
DATE REC'D BY LOCAL REG. <u>9/2/53</u>		REGISTRAR'S SIGNATURE <u>Vera G. Turner</u> 4760		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Wayne Sons</u> ADDRESS <u>Memphis Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 5 1954

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

Neal Payne

Licensed Embalmer No. *2550*

P. O. Address *Memphis 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.