

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35554

State File No. ....

FILED NOV 4 - 1953

BIRTH NO. .... REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (MERMAG Twp)</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CATAWISSA</u>		0360			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>M</u> c. (Last) <u>Courtney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1953</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 17, 1884</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>-</u>	IF UNDER 6 HRS. Days <u>-</u>	Hours <u>-</u>	Mins. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Room Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MFG.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John McCourtney</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Nabier</u>		14. NAME OF HUSBAND OR WIFE <u>Stella McCourtney</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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CORA BRADY, CATAWISSA, MO</u>				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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>weeks</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac De-compensation</u>						2. <u>Repr.</u>		
	DUE TO (c) <u>Cirrhosis of Liver</u>								
	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  <u>5810</u>				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 <u>Sept 15, 1953, to Oct 31, 1953</u> , that I last saw the deceased alive on <u>Oct 31, 1953</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ronald H. Scott MD</u>				23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>11-3-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakridge Cem</u>		24d. LOCATION (City, town, or county) (State) <u>CATAWISSA MO</u>				
DATE REC'D BY LOCAL REG. <u>11-3-53</u>		REGISTRAR'S SIGNATURE <u>Thomas A. Murphy</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. L. Shieles, Pacific, Mo.</u>				

(Licensed Embalmer) (Statement on Reverse Side)

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

**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 *Joe L. Thibodeau*

Licensed Embalmer No. *3008*

P. O. Address *Pacific, M*

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.