

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35817

5061

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|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>64 yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3009 Harrison</u> | | | | e. STREET ADDRESS (If rural, give location) <u>3009 Harrison</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Charles</u> | | b. (Middle) <u>F.</u> | | c. (Last) <u>Courtade</u> | |
| | | 4. DATE OF DEATH | | (Month) <u>October</u> | | (Day) <u>19</u> (Year) <u>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>October 11, 1889</u> | |
| | | | | 9. AGE (In years last birthday) <u>64</u> | | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 MIN. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Yellow Cab Co</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>John Courtade</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Boyd</u> | | 14. NAME OF HUSBAND OR SURVIVOR <u>Mary Bone (deceased)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u> | | 16. SOCIAL SECURITY NO. <u>486-10-6434</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Coroner's Office</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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Arteriosclerosis Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4200</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Heart & Infections</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, 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 _____, 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 <u>Hugh R. Owens</u> (Degree or title) <u>3</u> | | | | 23b. ADDRESS <u>1034 Rialto Bldg</u> | | 23c. DATE SIGNED <u>10-21-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-21-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>10-23-53</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk & Hobin Co.</u> | | ADDRESS <u>20 W. Linwood</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 19 1958

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.....
Signature of Student Embalmer

Signed *Frederic D. Colburn*

Licensed Embalmer No. *4714*

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.