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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40323

FILED NOV 24 1953

State File No. 10682
Registrar's No. 10682

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3921 Lafayette	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital		12. CITIZEN OF WHAT COUNTRY? U.S.	

3. NAME OF DECEASED (Type or Print)	a. (First) Floyd	b. (Middle) Lewis	c. (Last) Courson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 28, 1902	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carbons Helper	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Arlington, Mo.
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13a. FATHER'S NAME Glover Courson	13b. MOTHER'S MAIDEN NAME Louisa Leek	14. NAME OF HUSBAND OR WIFE Florence
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 702-07-6682	17. INFORMANT'S SIGNATURE OR NAME Florence Courson	ADDRESS 3921 Lafayette
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction, acute		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis.		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **Oct 21, 1953**, to **Nov. 9, 1953**, that I last saw the deceased alive on **Nov. 9, 1953**, and that death occurred at **2:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) High C. Crowell, M.D.	23b. ADDRESS 8818 Graves Ave.	23c. DATE SIGNED 11/9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-10-53	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Rolla, Mo.
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DATE REC'D BY LOCAL REG. NOV 10 1953	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd
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(Licensed Embalmer's Statement on Reverse Side)

USE PREPARED - 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 M

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W W Wilkinson

Licensed Embalmer No. 357

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.