

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22332

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cairo	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 531 - 15th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Louise c. (Last) Courtney			4. DATE OF DEATH (Month) (Day) (Year) July 12, 1954		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 3, 1911		9. AGE (In years last birthday) 43		10. IF UNDER 1 YEAR Days 8120	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physical Therapist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Halls, Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Link Soward		13b. MOTHER'S MAIDEN NAME Lizzie Woodson		14. NAME OF HUSBAND OR WIFE Audrey Courtney	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charlotte Wilson	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus					
		DUE TO (c) Vascular disease					
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 : 260x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 **July 11, 1954**, to **July 12, 1954**, that I last saw the deceased alive on **July 12, 1954**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edw. H. Puffin		(Degree or title)		23b. ADDRESS Cape Girardeau		23c. DATE SIGNED 7-20-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/16/54		24c. NAME OF CEMETERY OR CREMATORY Thistlewood		24d. LOCATION (City, town, or county) (State) Mounds, Illinois	
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DATE REC'D BY LOCAL REG. 7-21-54		REGISTRAR'S SIGNATURE C. C. Summers		44-0		25. FUNERAL DIRECTOR'S SIGNATURE Edward A. Puffin		ADDRESS Cairo, Illinois	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 15 1954

SEP 15 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 *Edward H. Ruffin*

Illinois Licensed Embalmer No. 7246

P. O. Address Cairo, Illinois

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.