

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12275**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5578** Registrar's No. **131**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 16012 T. C. Lea Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION GMO Ry. tracks on Crackerneck Rd.			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) E. c. (Last) Courtney			4. DATE OF DEATH (Month) (Day) (Year) Apr. 4, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 31, 1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor		10b. KIND OF BUSINESS OR INDUSTRY CM & St. P. Ry.	11. BIRTHPLACE (City and State or Foreign Country) Ottumwa, Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel Courtney	13b. MOTHER'S MAIDEN NAME Lillie Hunt	14. NAME OF HUSBAND OR WIFE Mae A. Courtney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 490 09 0107	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mae A. Courtney, Independence, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest Fracture of Ribs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. CONTINUOUS HEAD PROBABLY FRACTURED SKULL		
	DUE TO (b) History + Infection		
	DUE TO (c) No Post Sepsis		
	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 E8104 27	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident on R.R. track	21b. PLACE OF INJURY (a. In or about home, b. In or about street, office building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 20 (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-4-55	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Driving Car Struck by Train

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 **8:45A** m., from the causes and on the date stated above.

23a. SIGNATURE Angela M. Owens (Degree or title) Coroner	23b. ADDRESS 1034 Briarwood	23c. DATE SIGNED 4-4-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/7/55	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

DATE REC'D BY LOCAL REG. 4-7-55	REGISTRAR'S SIGNATURE Gene H. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Geo. B. Caron ADDRESS Independence, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1956

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 *Harold E. Keady*.....

Licensed Embalmer No. *46*

P. O. Address *Indep. 7*

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.