

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16403

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PERRY TWP.</u>		c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>R. 2 BONNE TERRE 0940</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>DALLAS</u> c. (Last) <u>COURSIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14, 1955</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>FEB. 12, 1869</u>		9. AGE (In years last birthday) (Months) (Days) <u>86 3 2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>BETHLEHAM PENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES COURSIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET KELLEY</u>		14. NAME OF HUSBAND OR WIFE <u>DELLA KATHRYN COURSIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LENA ADA COURSIN R. 2 BONNE TERRE MO</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of the intestine</u>  ANTECEDENT CAUSES DUE TO (b) <u>Mesenteric thrombosis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 3/15/55, 1955, to 5/14, 1955, that I last saw the deceased alive on 5/14, 1955, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack Miller M.D.</u> (Degree or title)		23b. ADDRESS <u>Bonne Terre, Missouri</u>		23c. DATE SIGNED <u>5/16/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 16, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>METHODIST CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CALEDONIA MO.</u>	
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DATE REC'D BY LOCAL REG. <u>May 16, 1955</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bonne Terre MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Clarence J. Chagwell*

Licensed Embalmer No. *370*

P. O. Address *.....*

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.