

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22764

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 49

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|---|--|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY Lewis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ohio b. COUNTY ? | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Canton | | c. LENGTH OF STAY (In this place) 4 days. | c. CITY OR TOWN Miamisburg, Ohio |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CBQ railroad camp | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS CBQ railroad camp | | f. (If rural, give location) 6641 Faversham St. 837-8 | |

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|---|------------------------|--|--|---|--|------------------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Archie | | b. (Middle) E. | | c. (Last) Courtney | | 4. DATE OF DEATH (Month) (Day) (Year) July 21, 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH July 4, 1911 | | 9. AGE (In years last birthday) 44 | | IF UNDER 1 YEAR Months Days IF OVER 1 YEAR Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY CBQ extra gang | | 11. BIRTHPLACE (City and State or Foreign Country) Ohio | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |

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|---|--|-------------------------------|--|--|--|
| 13a. FATHER'S NAME G.W. Courtney | | 13b. MOTHER'S MAIDEN NAME (?) | | 14. NAME OF HUSBAND OR WIFE Unknown | |
| 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. Yes | | 17. INFORMANT'S SIGNATURE OR NAME Ohio Brough Fun. Home, Miamisburg, | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat Prostration | | INTERVAL BETWEEN ONSET AND DEATH 3 hours | |
| ANTECEDENT CAUSES | | DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | E-9319 46 | | | |

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|---|--|--|--|--|--|
| 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) CANTON Lewis Mo. | |
| 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 21, 1955, to July 21, 1955, that I last saw the deceased alive on July 21, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

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|------------------------------------|--|-------------------|--|-------------------------|--|--------------------------|--|
| 23a. SIGNATURE P. W. Jennings M.D. | | (Degree or title) | | 23b. ADDRESS CANTON MO. | | 23c. DATE SIGNED 7-22-55 | |
|------------------------------------|--|-------------------|--|-------------------------|--|--------------------------|--|

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|---------------------------------|--|-------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL | | 24b. DATE July 22, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Miamisburg, Ohio | | 24d. LOCATION (City, town, or county) (State) Miamisburg, Ohio | |
|---------------------------------|--|-------------------------|--|---|--|--|--|

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| DATE REC'D BY LOCAL REG. 7-22-55 | | REGISTRAR'S SIGNATURE P. W. Jennings | | FUNERAL DIRECTOR'S SIGNATURE M. W. Paul | | ADDRESS 314 S. Main St. Canton, Mo. | |
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E. L. D.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 13 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 *Earl H. Buckley*

Licensed Embalmer No. 26

P. O. Address Canton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.