

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 39.3 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4254

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>n. Hollywood</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>1566 n. Gordon St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MUNICIPAL AIRPORT</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>F.</u> c. (Last) <u>COURNEYA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 3 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MAY 1, 1922</u>
9. AGE (In years last birthday) <u>33</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Technician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>motion pictures</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Detroit Lake, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>-</u>		13b. MOTHER'S MAIDEN NAME <u>Clara James</u>	
14. NAME OF HUSBAND OR WIFE <u>Selma Courneya</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>553-28-2784</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clara Robinson</u>		ADDRESS <u>n. Hollywood Calif</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>Pending autopsy pending (a) mild advanced atherosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u> DUE TO (c) <u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>acute alcoholism</u>		4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. S. Pate, M.D.</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>North Kansas City, Mo.</u>	
23c. DATE SIGNED <u>10/4/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-4-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Pomona, Calif.</u>	
DATE REC'D BY LOCAL REG. <u>10-4-55</u>		REGISTRAR'S SIGNATURE <u>Neon Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Newcomb</u>		ADDRESS <u>St. Louis, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

1104228

JUL 1 1957

9:30 - 12:00

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..... *John H. Kolsbeck*

Licensed Embalmer No. .... 4

P. O. Address ..... *W. G. ...*

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