

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39492**

No. 300
10.48

FILED NOV 30 1955

BIRTH NO. _____		REG. DIST. NO. 366	PRIMARY REG. DIST. NO. 6241	Registrar's No. 78
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)		
a. COUNTY Washington		a. STATE Missouri b. COUNTY Washington		
b. CITY (If outside corporate limits, write RURAL and give township) Rural Brettonville		c. CITY OR TOWN Rural		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) _____		e. STREET ADDRESS (If rural, give location) Mer Mineral Point		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mer Patosi				
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) Theodore Earnest		b. (Middle) _____		c. (Last) Courtis
(Type or Print)		(Month) (Day) (Year)		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 27 1906		9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner
11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner		10b. KIND OF BUSINESS OR INDUSTRY mining		
13a. FATHER'S NAME Joseph Courtis		13b. MOTHER'S MAIDEN NAME Mary Courtis		14. NAME OF HUSBAND OR WIFE Merida Courtis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes world war 2		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Merida Courtis Mineral Point Mo.
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 days
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tobacco Poisoning		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		490X
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) _____		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 <u>Nov 20, 1955</u>, to <u>Nov 21, 1955</u>, that I last saw the deceased alive on <u>Nov 21, 1955</u>, and that death occurred at <u>11:5 P. M.</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) D. A. Dembrey D.D.		23b. ADDRESS Patosi		23c. DATE SIGNED Nov 22 '55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-25-55		24c. NAME OF CEMETERY OR CREMATORY Blackwell masonic
24d. LOCATION (City, town, or county) (State) Washington Co. Mo.				
DATE REC'D BY LOCAL REG. 11/26/55		REGISTRAR'S SIGNATURE 4030		25. FUNERAL DIRECTOR'S SIGNATURE Arthur Spahr
				ADDRESS Patosi Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 29 1955

WASH. COUNTY HEALTH DEPT.

File No. _____

1500 6 505

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 *Margy L. Sparks*

Licensed Embalmer No. *4256*

P. O. Address *Madison, Mo.*

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.