

STANDARD CERTIFICATE OF DEATH

State File No. **653**

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124** Registrar's No. **H**

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) Kahaba	c. LENGTH OF STAY (in this place) 10 yrs.	c. CITY OR TOWN Kahaba	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		No. STREET ADDRESS (If rural, give location) 0230	

3. NAME OF DECEASED (Type or Print) a. (First) Virgil b. (Middle) Lavelle c. (Last) Courtney			4. DATE OF DEATH (Month) (Day) (Year) Jan. 4-1956		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 1-1901	9. AGE (years last birthday) 54	IF UNDER 1 YEAR Months Days 5 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kahaba Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Wm Courtney	13b. MOTHER'S MAIDEN NAME Grace Cochran	14. NAME OF HUSBAND OR WIFE Ruth Courtney
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. 487-30-2402	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Courtney
		ADDRESS Kahaba

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeus Carcinoma of Intestine		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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. 153X		

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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-3-**, 19**55**, to **1-4**, 19**56**, that I last saw the deceased alive on **1-4**, 19**56**, and that death occurred at **5-A** m., from the causes and on the date stated above.

23a. SIGNATURE S. H. Shanning, M.D.	(Degree or title)	23b. ADDRESS Kahaba Mo	23c. DATE SIGNED 1-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 7-1956	24c. NAME OF CEMETERY OR CREMATORY Combs Cemetery	24d. LOCATION (City, town, or county) (State) Luray Mo.
DATE REC'D BY LOCAL REG. 1-10-1956	REGISTRAR'S SIGNATURE J. M. ...	25. FUNERAL DIRECTOR'S SIGNATURE Oliver L. ...	ADDRESS Kahaba Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1950
FFR 8

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.....
Chas. L. Luttinger

Licensed Embalmer No.....
246

P. O. Address.....
Albany

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.