

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41242

State File No.

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany Mo</u>		c. LENGTH OF STAY (In this place) <u>8 Hrs</u>	
c. CITY OR TOWN <u>Gilman City</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 <u>Reid Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>040</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cordelia</u> b. (Middle) _____ c. (Last) <u>Tourney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-14-1876</u>
9. AGE (In years less birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Francis Shirley</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Bowles</u>	
13c. NAME OF HUSBAND OR WIFE <u>James P. Tourney</u>		14. ADDRESS <u>Gilman City, Mo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Tourney</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock.</u>		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 AM.</u>	
II. ANTECEDENT CAUSES		DUE TO (b) <u>2nd & 3rd degree burns</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
III. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>9/60</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) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Gilman City</u> (COUNTY) <u>Harrison</u> (STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-28-56 4 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Patrols clothing caught fire from stove</u>		22. I hereby certify that I attended the deceased from <u>12-28</u> , 19 <u>56</u> , to <u>12-28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-28</u> , 19 <u>56</u> , and that death occurred at <u>11:48 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Sheriff M. Murrey</u>		23b. ADDRESS <u>507 Bethany Mo</u>	
23c. DATE SIGNED <u>1-2-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-30-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrison Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u> ADDRESS <u>Bethany, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-2-57</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>	

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

116-0

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..... *M.B. Lane*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, 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.