Health, & Welfare Public Service

5. 300
. 1-56

4

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14300

STATE FILE NUMBER

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 253

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Salt Spring Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Home — Length of stay in 1b 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly 0883 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Kelly Hotel — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ead Middle Last Courtney

4. DATE OF DEATH Month April Day 3 Year 1957

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH April 18, 1881

9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (City and state or country) Adair County, Missouri 0

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Irvin Courtney

14. MOTHER'S MAIDEN NAME Elizabeth Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) D.K. (If yes, give war or dates of service) D.K.

16. SOCIAL SECURITY NO. D.K.

17. INFORMANT Address Bob Courtney: Salisbury, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CANcer of Stomach — INTERVAL BETWEEN ONSET AND DEATH 8 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 151X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 29, 1957 to 4/2/57 and last saw him alive on 4/2/57
Death occurred at 5:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P. V. Dreyer MD 0

22b. ADDRESS Huntsville, Mo.

22c. DATE SIGNED 4/6/57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE April 5, 1957

23c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery

23d. LOCATION (City, town, or county) (State) Huntsville, Missouri

24. FUNERAL DIRECTOR ADDRESS Tom B Patton Huntsville Mo

25. DATE RECD. BY LOCAL REG. 4-7-1957

26. REGISTRAR'S SIGNATURE Mary H. Bentley

422-0

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom B. Patton

Licensed Embalmer No 391

P. O. Address Huntsvil

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.