

FILED JUN 4 1957

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 106

300
1-56

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

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 326 1/2 Grant St.			Length of stay in lb 50 yrs		d. STREET ADDRESS 326 1/2 Grant St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First MIDDLE LAST WALTER GUY COURTNEY				4. DATE OF DEATH Month Day Year May 24, 1957							
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 12-18-1887		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Month Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired chef			10b. KIND OF BUSINESS OR INDUSTRY cafes		11. BIRTHPLACE (City and state or country) Greensburg, Kansas			12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John W. Courtney				14. MOTHER'S MAIDEN NAME Elizabeth Evans							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I			16. SOCIAL SECURITY NO. 496-20-3269		17. INFORMANT Address Wiley Courtney, Jasper, Mo						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) 5-10 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Moderate Hypertension								INTERVAL BETWEEN ONSET AND DEATH on the 24th			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour .Month .Day, Year a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Dec. 17, 1954, to Feb. 6, 1957 and last saw him alive on Feb. 6, 1957 Death occurred at 4:10 pm m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Shore S. Patterson M.D.					22b. ADDRESS 506 Main, Carthage, Mo				22c. DATE SIGNED 5-25-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-28-57		23c. NAME OF CEMETERY OR CREMATORY National Cemetery			23d. LOCATION (City, town, or county) (State) Springfield, Mo				
24. FUNERAL DIRECTOR Knell Mortuary Carthage, Mo				25. DATE RECD. BY LOCAL REG. 5-25-57		26. REGISTRAR'S SIGNATURE Ely Clutier					

Lasper County Health Office
County File Number 57-6-446
JUN 5 1957
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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 Robert H. Knell

Licensed Embalmer No. 445

P. O. Address Carthage

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.