

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005435
STATE FILE NUMBER 737

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>3231 Prospect</u>			Length of stay in lb <u>9 years</u>		8. STREET ADDRESS (If outside, give location) <u>3626 Michigan</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>C.</u> Last <u>COURTNEY</u>				4. DATE OF DEATH Month <u>February</u> Day <u>12</u> Year <u>1958</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>February 23 1880</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and state or country) <u>Keystonville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>C. C. Courtney</u>			13b. MOTHER'S MAIDEN NAME <u>Tabatha Bell</u>			14. NAME OF HUSBAND OR WIFE <u>Lola Courtney</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Name <u>Mrs Lola Courtney</u> Address <u>3626 Michigan</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arterio sclerosis</u> DUE TO (c) <u>32+</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension, Benign Prostatic Hypertrophy, Post Myocard</u>								INTERVAL BETWEEN ONSET AND DEATH	
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 <u>12:30</u> Month, Day, Year <u>Feb 11, 1958</u> a.m. <u>P</u> 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 <u>December 26 1953</u> <u>Feb 11 - '58</u> and last saw her/him alive on <u>Feb 11, 1958</u> . Death occurred at <u>12:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Paul A. G. Johnson MD</u> (Degree or title)					22b. ADDRESS <u>5111 Lindsey Ave. K.C. Mo</u>		22c. DATE SIGNED <u>2/12/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>Funeral</u>		<u>Feb 13, 1958</u>		<u>Green Lawn Cemetery</u>		<u>Kansas City Mo.</u>			
24. FUNERAL DIRECTOR <u>Kilker Funeral Home 2315 Linwood</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>2-12-58</u>		26. REGISTRAR'S SIGNATURE <u>neva trinchall</u>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms write as listed.

Paul A. G. Johnson
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



Be 1 7943
5111 Independence
Be 1 7943

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 E Wilks*

Licensed Embalmer No. *2644*

P. O. Address *11 C 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.