

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS. DEC 3 0 1959

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Briton		c. CITY OR TOWN Cadet Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 5 miles north of Potosi		d. STREET ADDRESS (If outside, give location) Rt. 1	

3. NAME OF DECEASED (Type or print) First Jerry Middle David Last Courtway			4. DATE OF DEATH Month Dec. Day 25 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. YEAR OF BIRTH 1948	9. AGE (last birthday) 11 Yrs	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mineral Point Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Albert Courtway	13b. MOTHER'S MAIDEN NAME Pauline Smith	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT Albert Courtway Cadet, Mo. Rt. 1	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH ENTERED WAS CAUSED BY: IMMEDIATE CAUSE (a) shot gun wounds through chest		INTERVAL BETWEEN ONSET AND DEATH
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 (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) hunting accident	
20c. TIME OF INJURY Hour 12:30 p.m. Month, Day, Year 12 25 59			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in the woods	20f. CITY, TOWN, OR LOCATION 5 miles north of Potosi	COUNTY Wash	STATE MO.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **12:30 - 12-25-59 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D.L. Gibson D.C. Coroner	22b. ADDRESS Potosi, MO.	22c. DATE SIGNED 12-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-28-59	23c. NAME OF CEMETERY OR CREMATORY St. Joachims	23d. LOCATION (City, town, or county) (State) Washington Co. Mo.
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24. FUNERAL DIRECTOR Oman Jenkins	ADDRESS Potosi, Mo.	25. DATE RECD. BY LOCAL REG. 12/28/59	26. REGISTRARS SIGNATURE Herbert Rudal
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

DEC 30 19

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck,

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.