URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-009945
STATE FILE NUMBER

FILED VS APR 11 1960

NDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 419

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 4 hrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Methodist Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clinton
c. CITY OR TOWN Gower — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Just outside city limits east — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First James Middle Henry Last Courtney
4. DATE OF DEATH: Month 3 Day 31 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-30-1879
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (City and state or country): Gower Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John H. Courtney
13b. MOTHER'S MAIDEN NAME: Lucy Daniels
14. NAME OF HUSBAND OR WIFE: Minnie F. Courtney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 500-07-8221
17. INFORMANT: Jimmie Lou Courtney — Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Thrombosis — 3 days
DUE TO (c): Arteriosclerotic Heart Disease — 5+ yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 Aug. 1959, to Mar 31, 1960 and last saw ~~her~~ him alive on Mar 31, 1960
Death occurred at 5 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): P. T. Luckenbill MD
22b. ADDRESS: Plattsburg, Mo.
22c. DATE SIGNED: 4-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-2-1960
23c. NAME OF CEMETERY OR CREMATORY: Allen Cemetery
23d. LOCATION (City, town, or county): Gower (State): Mo.

24. FUNERAL DIRECTOR — ADDRESS: Clarence E. Thison Gower Mo.
25. DATE RECD. BY LOCAL REG.: April 8, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

P. T. Luckenbill

STATEMENT BY LICENSED EMBALMER

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 Donald R. Butcher

Licensed Embalmer No. 4957

P. O. Address Trimble, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.