MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 27 1960

-60-016399
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana — Length of stay in 1b: 2 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pike
c. CITY OR TOWN Bowling Green — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Centennial — Residence on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Virgil Middle: Lee Last: Courley
4. DATE OF DEATH Month: April Day: 23 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 8-26-1871
9. AGE (last birthday): 88
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): New Harmony, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Harrison Courley
13b. MOTHER'S MAIDEN NAME: Julia Talbert
14. NAME OF HUSBAND OR WIFE: Maude Courley
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.: —
17. INFORMANT: Mrs Roy Adams — Address: Bowling Green Mo

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — Unknown
DUE TO (c) Nephro Sclerosis (arteria) — Unknown
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 April 10, 1960 to April 23, 1960 and last saw her/him alive on April 22, 1960
Death occurred at 4:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Darrell Bilyeu (Degree or title) DO
22b. ADDRESS: Louisiana Mo.
22c. DATE SIGNED: April 23, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr 25 1960
23c. NAME OF CEMETERY OR CREMATORY: Eisberg Cemetery
23d. LOCATION (City, town, or county) (State): Elsberry Mo

24. FUNERAL DIRECTOR: Bankhead Funeral Home — ADDRESS: Bowling Green, Mo
25. DATE REC'D BY LOCAL REG.: 4-25-60
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 Harold Kirsch

Licensed Embalmer No. 4597

P. O. Address Bowling

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