

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037405

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 87

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 1 1962

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Houston		c. CITY OR TOWN Cabool	
Length of stay in lb 5 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas County Mem. Hospital		d. STREET ADDRESS (if outside, give location) Cedar Street	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Harvey Middle Clayton Last Courtney			4. DATE OF DEATH Month 9 Day 22 Year 1962		
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5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/30/1879	9. AGE (last birthday) 85 83	IF UNDER 1 YEAR Months 8 Days 3	IF UNDER 24 HR Hours 3 Min. 3
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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) Strasburg, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Thomas Courtney	13b. MOTHER'S MAIDEN NAME Sarah	14. NAME OF HUSBAND OR WIFE Mary E. Courtney
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mary E. Courtney, Cabool, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic lymphocytic leukemia		INTERVAL BETWEEN ONSET AND DEATH Unknown
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 (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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 Cabool, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from **1956** to **9/22/62** and last saw ^{her}him live on **9/22/62**
Death occurred at **3:30** **A**m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Spear M.D. (Degree or title)	22b. ADDRESS Cabool, Mo.	22c. DATE SIGNED 9/24/62 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9/22/1962	23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	23d. LOCATION (City, town, or county) Independence, Mo.
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24. FUNERAL DIRECTOR Elliott-Gentry Funeral Home, Cabool, Mo.	25. DATE RECD. BY LOCAL REG. 9-25-62	26. REGISTRAR'S SIGNATURE Myrtle Craig
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OCT 4 1962

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 James L. Tealy

Licensed Embalmer No. 4718

P. O. Address Calool, 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.