

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14666

State File No.

Registrar's No. 24

BIRTH NO.		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 6244		State File No.		Registrar's No. 24		
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Washington					a. STATE Missouri b. COUNTY Washington					
b. CITY OR TOWN Rural - Union			c. LENGTH OF STAY (in this place) yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Shilbalett mo.					d. STREET ADDRESS (If rural, give location) Shilbalett mo.					
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX		6. COLOR OR RACE		
a. (First) Joseph			b. (Middle) H.			c. (Last) Courtais		a. (Month) April		
(Type or Print)			d. (Day) 23		e. (Year) 1949		Male		White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.		
Widowed		Dec. 5 1894		54		4		18		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY		
Faberer			mining		Washington Co. Mo.			U.S.A.		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE				
Joseph Courtais			Mary F. Oria			Edward				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
No			---		Hilda Helen Cadet mo.					
18. CAUSE OF DEATH					MEDICAL CERTIFICATION					
Enter only one cause per line for (a), (b), and (c)					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					ANTECEDENT CAUSES					
					Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
					DUE TO (b) Hypertension					
					DUE TO (c) Cerebral paralysis					
					II. OTHER SIGNIFICANT CONDITIONS					
					Conditions contributing to the death but not related to the disease or condition causing death.					
					one side					
19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from 10/15, 1949, to 4/23, 1949, that I last saw the deceased alive on 4/23, 1949, and that death occurred at 6 A. M., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title)					23b. ADDRESS			23c. DATE SIGNED		
H. F. ...					Potter, Mo.			4/28/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)				
Burial		4-25-49		Catholic Cemetery		Stiff Mo.				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE								
4/29/49		Helen K. ...								
25. FUNERAL DIRECTOR'S SIGNATURE					ADDRESS					
Mr. Luther Spake					Potter Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4

File Number 549-598

Date Filed 5-7-49

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.

Signed Murphy Sparks

Signed Student Embalmer

Licensed Embalmer No. 4256

P. O. Address Flat River 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 this body is not embalmed, fact should be so stated above.