

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15365

State File No.

FILED MAY 16 1949

BIRTH NO.		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>5332</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield Rural</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>			b. (Middle) <u>Riley</u>		c. (Last) <u>Courtney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 18 1866</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>14</u>	IF UNDER 24 HRS. Day <u>14</u> Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS/ OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Dade Co</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>George Courtney</u>			13b. MOTHER'S MAIDEN NAME <u>Polly Stovall</u>		14. NAME OF HUSBAND OR WIFE <u>Cynthia Jane Campbell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bessie Hodson Lockwood Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T.D. Combs M.D.</u> (Degree or title)				23b. ADDRESS <u>Lockwood Mo</u>		23c. DATE SIGNED <u>5-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Baptist</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-5-49</u>		REGISTRAR'S SIGNATURE <u>Leo L. Weir</u> <u>790</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 549-515

Date Filed 5-9-49

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.

Student _____
Student Embalmer

Signed Georgell W. Newcomb.

Licensed Embalmer No. 4671

P. O. Address Leewood, 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.