S. No. 300
v. 10.48

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41655

State File No. .....

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BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5697 Registrar's No. 173

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rich Hill Twp
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles east of Chillicothe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rich Hill Twp.
d. STREET ADDRESS (If rural, give location): 5 miles East of Chillicothe

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3. NAME OF DECEASED (Type or Print)
a. (First): Tex
b. (Middle): Lee
c. (Last): Courtright

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 7, 1936
9. AGE (In years last birthday): 13 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Dawn, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Chester E. Courtright
13b. MOTHER'S MAIDEN NAME: Doris Ann Rayburn
14. NAME OF HUSBAND OR WIFE: None

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'S SIGNATURE OR NAME ADDRESS: C.E. Courtright; RR#1; Chillicothe, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): accidental shot gun
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): wound to head Died instantly
DUE TO (c): _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 9/19/49
43

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.): Hunting 5 mi E.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Chillicothe Livingston Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 19 1949 9 am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Probably shot gun slipped out of her hand striking stump causing discharge

22. *I hereby certify that I attended the deceased from* _____ to _____ 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. M. Russell M.D. Coroner
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: 11/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-21-49
24c. NAME OF CEMETERY OR CREMATORY: Wheeling
24d. LOCATION (City, town, or county) (State): Wheeling, Missouri

DATE REC'D BY LOCAL REG.: Nov-21-49
REGISTRAR'S SIGNATURE: Frances B Neill 171
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Norman Funeral Home Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 2 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 J. M. Gibson, Student Embalmer No. 305, working under my personal supervision.

Student J. M. Gibson
Student Embalmer

Signed Elton F. Norman
Licensed Embalmer, No. 4036
P. O. Address Chillicothe, 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.