

FILED JAN 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43663

State File No.

BIRTH NO. 71731-45 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Howe</u>				2. USUAL RESIDENCE (Where deceased lived? If institution, residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Howe</u>			
b. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>9 hrs</u>		c. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <u>West Plains</u>		d. STREET ADDRESS (If rural, give location) <u>505 E. Cleveland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 E. Cleveland</u>				d. STREET ADDRESS (If rural, give location) <u>505 E. Cleveland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>Zen</u> c. (Last) <u>Courtney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-17-1949</u>				
5. SEX <u>MO</u>		6. COLOR OF RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>11-17-1949</u>	
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) <u>West Plains MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Leonard Courtney</u>			13b. MOTHER'S MAIDEN NAME <u>Nester Dams</u>		14. NAME OF HUSBAND OR WIFE <u>Leo Courtney</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Leo Courtney</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>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prolonged and difficult birth</u> 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 <u>9 hours</u> <u>7620</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>11-17</u> , 19 <u>49</u> , to <u>11-17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/17</u> , 19 <u>49</u> , and that death occurred at <u>8:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Virgil D. Bailey</u>			23b. ADDRESS <u>107 Walnut St. West Plains, Mo.</u>			23c. DATE SIGNED <u>11/24/49</u>	
24a. BURIAL, CREMATION, REINTERMENT (Specify)		24b. DATE <u>11-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Olden Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-9-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

1/16/50

District Health Officer No. 5,

District File Number 15054

Date Filed 1/19/50

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.