

FILED AUG 22 1950
D. Penn

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27320

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

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3030</u>		Registrar's No. <u>67</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>					
b. CITY OR TOWN <u>Festus</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Festus</u>		d. STREET ADDRESS (If rural, give location) <u>121 Chestnut</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>121 Chestnut</u>				d. STREET ADDRESS (If rural, give location) <u>121 Chestnut</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Courtois</u> c. (Last) <u>Courtois</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-6-50</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-27-1868</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Genevieve Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Louis Courtois</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Berry</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irma Hayes</u>		ADDRESS <u>Festus 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				DUPLICATE				<u>6 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:— DUE TO (b) <u>Arterio sclerosis</u>				DUPLICATE					
DUE TO (c) <u>Myocarditis</u>				DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				DUPLICATE				<u>4221</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) (Minute)		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>6/24/50</u> , 19 <u>50</u> , to <u>7/6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/6</u> , 19 <u>50</u> , and that death occurred at <u>11:30 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>D. Penn</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>St. Genevieve Co. Mo.</u>		23c. DATE SIGNED <u>7/10/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Genevieve Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7/10/50</u>		REGISTRAR'S SIGNATURE <u>Clara Courtois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>"Finks"</u>		ADDRESS <u>Festus Mo</u>			

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 2-17-80

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 Eleanor Dornice.....

Licensed Embalmer No. 3403.....

P. O. Address Festus 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.