

FILED NOV 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34081**BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City Missouri</u> <u>0492</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>932 N. Tom St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>932 N. Tom. St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Courtright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>MAY 18, 1923</u>		9. AGE (In years last birthday) <u>28</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>	
IF UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Nevada, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			

13a. FATHER'S NAME <u>George B. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Courtright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Paul Courtright Webb City M.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uterine Hemorrhage</u>		DUE TO (b) <u>Child birth</u>			<u>15 minutes</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			<u>1 hour + 45 min</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6726</u>		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) (Min.)		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 10-31, 1951, to 10-31, 1951, that I last saw the deceased alive on 10-31, 1951, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. B. Munson</u> (Degree or title) <u>D. O.</u>		23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>11-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial #1</u>		24b. DATE <u>Nov. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arroyo Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Arroyo, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Nov 2-51</u>		REGISTRAR'S SIGNATURE <u>J. L. Ditchett</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Ames-Simpson Mortuary</u>		ADDRESS <u>Webb City, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-7-51
Jasper County Health Office

County File Number -51/11/835-----

Date Filed 11-7-51-----

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 *Harvey E. Aune*

Licensed Embalmer No. *4463*

P. O. Address *Webb City, 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.