

FILED NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **38382**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5943** Registrar's No. **201**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If less than 1 year, residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Spring Creek</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Charles</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South of Edgar Spring</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna Lois</b> b. (Middle) <b>Courtney</b> c. (Last) <b>Courtney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 17, 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>7-21-1930</b>
9. AGE (In years, last birthday) <b>20</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Lynn Co. Va</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>R A Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Jewell Barnes</b>	
13c. NAME OF HUSBAND OR WIFE <b>Lloyd Courtney</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, show unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>2</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Dr Bennett</b>		ADDRESS <b>Sayse Okla</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			E 8234 32
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Crushed 5' head on auto accident</b>			
DUE TO (c) <b>injured all over</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>on highway</b>	
21c. CITY, TOWN, OR TOWNSHIP <b>63</b> (COUNTY) <b>Phelps</b> (STATE) <b>Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 17, 1951 8 P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>car wreck</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <b>deceased</b> on <b>Nov 17</b> , 19____, and that death occurred at <b>8 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <b>Lupile Landall</b>		23b. ADDRESS <b>Licking Mo</b>	
23c. DATE SIGNED <b>11-18-51</b>			
24a. NAME OF CEMETERY OR CREMATORY <b>Sayse Okla</b>		24b. LOCATION (City, town, or county) (State)	
24c. DATE REC'D BY LOCAL REG. <b>Nov 18, 1951</b>		24d. REGISTRAR'S SIGNATURE <b>Nadine L. Stoeck</b>	
24e. REGISTRAR'S SIGNATURE <b>380</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Smith &amp; Ferguson</b>	
24f. ADDRESS <b>Licking Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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

Signature

*Ernest E. Ferguson*

Licensed Embalmer No.

*3945*

P. O. Address

*Licking 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.