

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1952

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Perryville, Mo.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>St. Marys Road</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Vincent</u>			b. (Middle) <u>Courtois</u>		
c. (Last) <u>Courtois</u>			Month (Day) (Year) <u>Dec. 2, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 27, 1874</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days <u>0</u> <u>0</u>	
IF UNDER 1 YEAR Hours Min. <u>0</u> <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>	
11. BIRTHPLACE (State or foreign country) <u>Perry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Alex Courtois</u>		13b. MOTHER'S MAIDEN NAME <u>Emelia Carlot</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Steyns</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME... ADDRESS <u>Mrs. Alice Courtois Perryville.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c): <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 to 3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		DUE TO (c) <u>Atherosclerosis</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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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"/>		
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22. I hereby certify that I attended the deceased from Jan 10, 1952 to Dec 2, 1952, that I last saw the deceased alive on Dec 2, 1952, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Carrow M.D.</u>		23b. ADDRESS <u>Perryville Mo.</u>		23c. DATE SIGNED <u>12-3-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Dec 3-52</u>		REGISTRAR'S SIGNATURE <u>Joseph J. Wellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 1961
OCT 4 1961

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 Wallace Young
.....

Licensed Embalmer No. 4027

P. O. Address Perryville 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.