No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9151

State File No.

FILED MAR 16 1953

BIRTH NO. REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 41246 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: CLARK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KAHOKA
c. LENGTH OF STAY (in this place): 4 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WEBB NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SCOTLAND
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEMPHIS 0990
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): MARION
b. (Middle): W
c. (Last): COURTNEY

4. DATE OF DEATH (Month) (Day) (Year): JAN 24 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2-14-1871
9. AGE (In years last birthday): 81 — If under 1 year: Months 11, Days 10; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): SCOTLAND Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY COURTNEY
13b. MOTHER'S MAIDEN NAME: SUSAN PEPPY
14. NAME OF HUSBAND OR WIFE: MAGGIE COURTNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Fort Thomas — **ADDRESS**: ARBELA Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio-Sclerosis
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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 24, 1953, *that I last saw the deceased alive on* Jan 4, 1953 *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Perry S. Barton DO (Degree or title)
23b. ADDRESS: Kahoka
23c. DATE SIGNED: 1-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-27-1953
24c. NAME OF CEMETERY OR CREMATORY: MEMPHIS
24d. LOCATION (City, town, or county) (State): MEMPHIS Mo

DATE REC'D BY LOCAL REG.: 2/11-53
REGISTRAR'S SIGNATURE: M Bridges
25. FUNERAL DIRECTOR'S SIGNATURE: A Wayne & Sons — **ADDRESS**: Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1954

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 [signature]

Licensed Embalmer No. 2196

P. O. Address Memphis, 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.