

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 23 1954

BIRTH NO. _____		REG. DIST. NO. <u>353</u>		PRIMARY REG. DIST. NO. <u>6196</u>		Registrar's No. <u>21</u>			
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give RURAL and give township) <u>Russell Shreve</u>		c. CITY OR TOWN <u>Maples Mo</u>		c. CITY OR TOWN <u>Maples Mo</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>1 mi. North of Maples Mo</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Arthur</u>			b. (Middle) _____			c. (Last) <u>Courtney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-13-1954</u>	
5. SEX <u>Mo</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH (Month) (Day) (Year) <u>Feb 5, 1887</u>		9. AGE (In years last birthday) (Under 1 year) (Under 1 mos.) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Dodge Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Courtney</u>			13b. MOTHER'S MAIDEN NAME <u>Josie Foster</u>			14. NAME OF HUSBAND OR WIFE <u>Maggie Courtney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) (If yes, give year or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Myrna Courtney Maples 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & pulmonary arrest</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatous metastasis of the sigmoid colon.</u>							
		DUE TO (c) <u>Carcinoma of the sigmoid colon.</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>153 x</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) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>Feb</u> , 1954, to <u>Aug</u> , 1954, that I last saw the deceased alive on <u>Aug 13</u> , 1954, and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>B. J. Myers D.O.</u>			23b. ADDRESS <u>Ficking, Mo</u>			23c. DATE SIGNED <u>8-18-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concord Camp</u>		24d. LOCATION (City, town, or county) <u>Texas Co. Mo</u>		24e. GRAVE NO. <u>778</u>	
DATE REC'D BY LOCAL REG. <u>Aug 18, 1954</u>		REGISTRAR'S SIGNATURE <u>Elmora</u>		324-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hesse Smith & Ferguson Ficking Mo</u>		ADDRESS	

(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, ~~on~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert Ferguson*

Licensed Embalmer No. *394*

P. O. Address *Bellevue*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.