

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6078

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1588**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Festus	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) RR#1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Wm A. b. (Middle) COURTNEY c. (Last) JR		4. DATE OF DEATH (Month) (Day) (Year) FEB 14 1955	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-18-1900
9. AGE (In years last birthday) 54		# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grinder and polisher		10b. KIND OF BUSINESS OR INDUSTRY Plate Glass	11. BIRTHPLACE (State or foreign country) Arcola, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Mac Cortney		13b. MOTHER'S MAIDEN NAME Mae Jones	14. NAME OF HUSBAND OR WIFE Nellie 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. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.N. Courtney, Crystal City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung with widespread metastases ANTECEDENT CAUSES Due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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 checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 163x	
22. I hereby certify that I attended the deceased from 24 Jan 1955 to 14 FEB, 1955 that I last saw the deceased alive on 14 FEB, 1955 and that death occurred at 7:30 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Richard Abner MD		23b. ADDRESS 3720 Washington	23c. DATE SIGNED 15 FEB 55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2-15-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Crystal City, Mo.
DATE REC'D BY LOCAL REG. FEB 18 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Politte, Crystal City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Bill C. Dranson*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.