

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 12 1955

BIRTH NO. ... REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 55-51

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY OR TOWN Greenfield		c. CITY OR TOWN Greenfield	
c. LENGTH OF STAY (in this place) 4 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 115 N. Main Street		e. STREET ADDRESS (If rural, give location) 115 N. Main Street	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Albert c. (Last) Courtney			4. DATE OF DEATH (Month) (Day) (Year) July 4, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 8, 1872		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Dade Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Samuel Courtney		13b. MOTHER'S MAIDEN NAME Cora Mitchell		14. NAME OF HUSBAND OR WIFE Isabell Courtney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Isabell Courtney - Greenfield, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)				
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Feb**, 1950, to **July 4**, 1955, that I last saw the deceased alive on **July 4**, 1955, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W O Cowan M.D.		23b. ADDRESS Greenfield, Mo.		23c. DATE SIGNED 7-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Greenfield Cem.	
24d. LOCATION (City, town, or county) (State) Greenfield, Mo.					

DATE REC'D BY LOCAL REG. July 6, 1955		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Canada, Greenfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 2 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. C. Canada*.....

Licensed Embalmer No. *417*

P. O. Address *Dreanfe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.