

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
9557

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9557**

1. PLACE OF DEATH a. COUNTY _____		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, Mo.		c. LENGTH OF STAY (In this place) 4 weeks	c. CITY OR TOWN Rural Joachim
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS Herculaneum, 435 Long Street		0 5000 /	

3. NAME OF DECEASED (Type or Print) a. (First) Bert b. (Middle) John c. (Last) Courtway			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 20, 1899	9. AGE (In years last birthday) 56	10. F UNDER 1 YEAR 7 MONTHS 11 DAYS 11 HOURS 11 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Lead Smelter	11. BIRTHPLACE (City and State or Foreign Country) Tiff, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Jules Courtway		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Tinnie Derickson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bert Courtway, Herculaneum, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Hepatoma		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rt liver with lymph node metastases DUE TO (c) Rt cerebral hemorrhage with malacia		
19a. DATE OF OPERATION 10-26-55		19b. MAJOR FINDINGS OF OPERATION Tumour Rt liver & Perigortic node	
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) metastases (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? 155 X

22. I hereby certify that I attended the deceased from **10-16, 1955** to **11-1, 1955**, that I last saw the deceased alive on **10-31, 1955**, and that death occurred at **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Verda M.D. (Degree or title)	23b. ADDRESS 4500 Olive	23c. DATE SIGNED 11-1-55
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 5 1955	24c. NAME OF CEMETERY OR CREMATORY Herculaneum Cemetery	24d. LOCATION (City, town, or county) (State) Herculaneum, Mo.
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. NOV 2 1955	REGISTRAR'S SIGNATURE Paul Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. W. Wenzel ADDRESS 120 Main St. Festus MO
--	--	--

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

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
Signature of Student Embalmer

Signed *Donald L. Vinyard*

Licensed Embalmer No. *4466*

P. O. Address *Hester, N.*

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.