

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **24571**
Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **287**

FILED JUL 30 1956

Health, Welfare, Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warrensburg Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell		Length of stay in 1b 1 Mo	d. STREET ADDRESS Rt 5 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLAY Middle WOODFORD Last COURTNEY			4. DATE OF DEATH Month July Day 21 Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH August 31, 1905
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Installation of Elec. Fixtures	11. BIRTHPLACE (City and state or country) Warrensburg, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME James H. Courtney	
14. MOTHER'S MAIDEN NAME Effie Woodford		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. 545-03-5899		17. INFORMANT Address Porter Courtney, San Francisco, Cal.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures of skull egg shell type with basilar involvement and intracranial hemorrhage DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fracture right radius			INTERVAL BETWEEN ONSET AND DEATH 19 hours
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			9026
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall from scaffold to concrete floor striking head		
20c. TIME OF INJURY 2 p.m. July 20 '56	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wesley Methodist Church	20f. CITY, TOWN, OR LOCATION Sedalia	20g. COUNTY Pettis	20h. STATE Missouri
21. I attended the deceased from 20 July 56 to 21 July 56 and last saw him alive on 21 July 56 Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David R. Edwards (Degree or title)		22b. ADDRESS Sedalia Mo	22c. DATE SIGNED 7/27/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/23/56	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill	23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
24. FUNERAL DIRECTOR ADDRESS R.A. Brauninger, Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. 7-23-56	26. REGISTRAR'S SIGNATURE James Cooney, Deputy

