THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 19 1957

25757

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 168

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitaker Hosp. — Length of stay in 1b 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Montgomery — Inside Limits Yes ☐ No ✓
d. STREET ADDRESS (If outside, give location) Star Route — Reside on Farm Yes ✓ No ☐

3. NAME OF DECEASED (Type or print) First THOMAS Middle NEVEL Last COURTNEY
4. DATE OF DEATH Month July Day 10 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb-13-1876
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.
11. BIRTHPLACE (City and state or country) Danville Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Nevel Courtney
14. MOTHER'S MAIDEN NAME Louisa Jane Clifton
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. 702-05-8135
17. INFORMANT Mrs Wilburn Hale Brustill Tenn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of colon
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153x
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-7-57, to 7-10-57 and last saw him alive on 7-10-57
Death occurred at 12.55 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. T. Whitaker D.O.
22b. ADDRESS 205 S. Fifth St., Moberly, Mo.
22c. DATE SIGNED 7-11-57

23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial
23b. DATE July-12-1957
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State) Madison Missouri

24. FUNERAL DIRECTOR Cater Funeral Home ADDRESS Moberly Mo.
25. DATE RECD. BY LOCAL REG. 7-12-57
26. REGISTRAR'S SIGNATURE Leah W. Lowe

(License Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUL 19 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerry P. Cates

Licensed Embalmer No. 49

P. O. Address Moberly

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