

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32886**

FILED SEP 16 1957

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **380**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY OR TOWN Sedalia	c. LENGTH OF STAY (in this place) 53 yrs	c. CITY OR TOWN Sedalia	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 Bathwell Hospital		e. STREET ADDRESS (If rural, give location) 720 West 6th	

3. NAME OF DECEASED (Type or Print) Hugh		a. (First) _____ b. (Middle) _____ c. (Last) Courtney	4. DATE OF DEATH Sept 12 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 24 1870	9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Merchant & Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTH PLACE (City and State or Foreign Country) Dresden Mo	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Peter Courtney	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Bracht Pearle Courtney	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hugh Courtney ADDRESS Sedalia

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		MEDICAL CERTIFICATION Chronic	INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arterio sclerosis			
	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 <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201 Sedalia Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>

22. I hereby certify that I attended the deceased from **X**, 19**57**, to **Sept 12 1957**, that I last saw the deceased alive on **Sept 12 1957**, and that death occurred at **7:20 PM** from the causes and on the date stated above.

23a. SIGNATURE W. B. Beckmeyer (Degree or title)	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 9/14/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-57	24c. NAME OF CEMETERY OR CREMATORY Crown Hill
DATE REC'D BY LOCAL REG. 9-14-57	REGISTRAR'S SIGNATURE Ernest Kelby	24d. LOCATION (City, town, or county) (State) Sedalia Mo
25. FUNERAL DIRECTOR'S SIGNATURE M^o Laughlin Bros		ADDRESS Sedalia

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

410

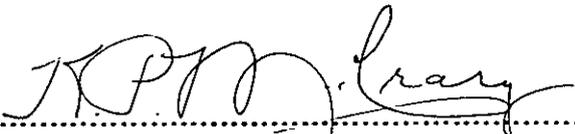
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 315

P. O. Address Sedalia

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.