

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-040954**

STATE FILE NUMBER

FILED VS NOV 30 1959

209

Primary Registration District No. 3043

Registrar's No. 367

INDEXED

1. PLACE OF DEATH a. COUNTY <b>MARION</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HANNIBAL</b>		Length of stay in 1b <b>5 Weeks</b>		c. CITY OR TOWN <b>WARREN TOWNSHIP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St ELIZABETH HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>PALMYRA ,MO R 3</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>THOMAS FRANKLIN COURTNEY</b>				4. DATE OF DEATH Month Day Year <b>NOVEMBER 22, 1959</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-1--1875 84</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>MONROE CITY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>THOMAS I. COURTNEY</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH ELIZABETH TUCKER</b>		14. NAME OF HUSBAND OR WIFE <b>LEORA COURTNEY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>INFORMANT</b> <i>Ms Leora Courtney Palmyra mo R 3</i>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral vascular accident, terminal pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>38 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis generalized</b>							<b>38 days</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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 <b>Oct 14, 1959</b> to <b>Nov 22, 1959</b> and last saw him alive on <b>Nov 22, 1959</b> Death occurred at <b>1:45</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>John Canella M.D.</i>			22b. ADDRESS <b>707 Bdwy, Hannibal, Missouri</b>		22c. DATE SIGNED <b>11-23-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-24-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. JUDES CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>MONROE CITY, MO</b>				
24. FUNERAL DIRECTOR <b>Wilson &amp; Sons, Monroe City, mo</b>		25. DATE RECD. BY LOCAL REG. <b>11/23/59</b>		26. REGISTRAR'S SIGNATURE <i>E. M. Luke</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No. 314

P. O. Address Mouse City

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.