

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040744

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 4366 Registrar's No. 136

FILED OCT 21 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby		Length of stay in 1b years		c. CITY OR TOWN Granby Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Lambert Courtney			4. DATE OF DEATH Month Oct. Day 16, Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/28/1874	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines		11. BIRTHPLACE (City and state or country) Granby, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James Courtney		13b. MOTHER'S MAIDEN NAME Marsh Lambert	
14. NAME OF HUSBAND OR WIFE Mrs. Lula Courtney		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> , or unknown) (If yes, give war or dates of serv)			
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Lula Courtney Granby, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial failure					3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Myocarditis 1/222					unknown
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 s.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 March, 1961 to October 16, 1963 last saw him XXXX alive on 10-16-63 Death occurred at 9:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>William D. Drey</i>		22b. ADDRESS D.O. Granby, Missouri		22c. DATE SIGNED 10-17-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-19-1963	23c. NAME OF CEMETERY OR CREMATORY Granby Memorial Cemetery Granby, Missouri		23d. LOCATION (City, town, or county) Granby, Missouri (State)	
24. FUNERAL DIRECTOR Shewmake Funeral Home Granby, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 10-18-63	26. REGISTRAR'S SIGNATURE <i>Waydene Belka</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF

VS 300	Rev. 4/59	DATE AMENDED			
1 1730		2			
2 20730					
3					
4 17					
5 1					
6					
7 0					
8 4/222					
10					
11 1270-2					
13 6-0					

USE BLACK INK OR TYPEWRITER RIBBON

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

Floyd E. Skowmabe D.

Licensed Embalmer No.

4923

P. O. Address

Box 218, Shanley, Missouri 64844

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.