

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8125**
8125
Registrar's No. **5464**

FILED MAR 16 1949

| | | | | | | | | |
|---|----------------------------------|---|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>12</u> | | PRIMARY REG. DIST. NO. <u>5464</u> | | Registrar's No. <u>5464</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willard</u> | | | c. LENGTH OF STAY (in this place) <u>79 year</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willard, Murray Township</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> | | | b. (Middle) <u>Louis</u> | | c. (Last) <u>Fortner</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar.</u> <u>8</u> <u>1949</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 26, 1868</u> | | 9. AGE (In years last birthday) <u>80</u> | 10. UNDER 1 YEAR Months <u>8</u> Days <u>12</u> | 11. UNDER 18 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Blue Ridge, Georgia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Pinckney Fortner</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Belle Corbin</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Nil</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles S. Fortner, Son, Willard, Mo</u> | | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>522X</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct. 14, 1942</u> , to <u>Mar. 7, 1949</u> , that I last saw the deceased alive on <u>Mar. 7, 1949</u> , and that death occurred at <u>12:45 a.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Charles S. Fortner, M.D.</u> | | | | 23b. ADDRESS <u>Willard, Mo</u> | | 23c. DATE SIGNED <u>3-8-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/9/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Center Twp, Greene Co. Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>3/11/49</u> | | REGISTRAR'S SIGNATURE <u>Therese H. Wilson</u> | | 104 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greenwade Funeral Home, Willard, Mo</u> | | |

(Licensed Embalmers' Statement on Reverse Side)

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

39
8

City Health Office,
County Health Office,
County File Number 22-3-49
Date Filed 3-14-49

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.

Signed Mrs. E. W. Greenwade

Signed _____
Student Embalmer

Licensed Embalmer No. 2095

P. O. Address: Willard, Missouri

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 this body is not embalmed, fact should be so stated above.