

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33554

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 954-A

1. PLACE OF DEATH a. COUNTY <u>Greene Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>10</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Isaac</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Fortney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 7 1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Wayne Co. Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Christian Fortney</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Myers</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Fortney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>441-20-2231</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Fortney, Marionville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Massive Gastric Hemorrhage</u> DUE TO (c) <u>from esophageal varices</u>		<u>10 days</u>	
19a. DATE OF OPERATION		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) m.		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 Oct 20, 1949, to Oct 30, 1949, that I last saw the deceased alive on Oct 31, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Gaym M.D.</u>		23b. ADDRESS <u>Springer - W</u>		23c. DATE SIGNED <u>11/21/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-8-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.D. Hurdidge Marionville Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Herman Turridge

Licensed Embalmer No. *3072*

P. O. Address *Merionville*

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.