

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Rawlins
State File No. 13087

0510

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

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5606 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Holden		c. CITY (If outside corporate limits, write RURAL and give township) Holden	
c. LENGTH OF STAY (in this place) 78 yrs		d. STREET ADDRESS (If rural, give location) Rural Route #5	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. #5			
3. NAME OF DECEASED a. (First) MARY		b. (Middle) S.	
c. (Last) FORTNEY		4. DATE OF DEATH (Month) (Day) (Year) April 11 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 23, 1868
9. AGE (in years last birthday) 82		10. IF UNDER 1 YEAR 7	11. IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Riley		13b. MOTHER'S MAIDEN NAME Malinda Claxon	
14. NAME OF HUSBAND OR WIFE W. D. Fortney dec'd		17. INFORMANT'S SIGNATURE OR NAME Joe Riley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	
17. ADDRESS Holden, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis	
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Gen Arterio sclerosis		19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4221	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Apr 23 1951	
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 June 1, 1947, to April 11, 1951, that I last saw the deceased alive on April 8, 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE K. L. Rawlins M.D.		23b. ADDRESS Holden, Mo.	
23c. DATE SIGNED 4/12/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-14-51		24c. NAME OF CEMETERY OR CREMATORY Blackwater Cemetery	
24d. LOCATION (City, town, or county) (State) Holden, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. G. B. Redford	
25. ADDRESS Canaday & Ropp		25. ADDRESS Holden, Mo.	

RECEIVED
APR 24 1951
JOHNSON COUNTY HEALTH DEPT.

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 Samuel B Ropp

Licensed Embalmer No. 4044

P. O. Address. Holden Mo

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.