

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17989**

FILED JUN 16 1952

318PRIMARY REG. DIST. NO. **1003**Registrar's No. **4944**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enroute City Hospital				d. STREET ADDRESS (If rural, give location) 1228 So 14th Street			
3. NAME OF DECEASED (Type or Print) Florence		a. (First)		b. (Middle)		c. (Last) Fortner	
4. DATE OF DEATH May 27 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Abt 1912		9. AGE (In years last birthday) Abt 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10b. KIND OF BUSINESS OR INDUSTRY Majestic Range	
11. BIRTHPLACE (City and State or Foreign Country) Wingo Kentucky		12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Pearl Hibbs		13b. MOTHER'S MAIDEN NAME Nanny Johnson	
14. NAME OF HUSBAND OR WIFE William Fortner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME William Fortner	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Acute 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR? 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 4-16- , 19 51 , to 5-27- , 19 52 , that I last saw the deceased alive on 5-20, 1952 and that death occurred at 12:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE K. B. Karn, M.D.		(Degree or title)		23b. ADDRESS 2000 S. Broadway		23c. DATE SIGNED 5/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/31/52		24c. NAME OF CEMETERY OR CREMATORY Obion Cemetery		24d. LOCATION (City, town, or county) (State) Wingo Kentucky	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 29 1952 J. Carl Smith M.D.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home		ADDRESS 1926 Allen Av	

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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed W. A. Stammann

Licensed Embalmer No. 4533

P. O. Address St. Louis 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.