

NOV 17 1952

STANDARD CERTIFICATE OF DEATH

State File No. 39259

510
3

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

BIRTH NO.		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri Holden</u>		c. LENGTH OF STAY (in this place) <u>64 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holden</u>		<u>051</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rockledge Mfg. Co.,</u>				d. STREET ADDRESS (If rural, give location) <u>So. Lexington Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Seth</u>			b. (Middle) <u>Carl</u>		c. (Last) <u>Fortney</u>		4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>25</u> (Year) <u>1952</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>Feb. 26, 1888</u>	9. AGE (In years last birthday) <u>64</u>	If UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Metal Industries</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson County, Missouri</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John S. Fortney</u>			13b. MOTHER'S MAIDEN NAME <u>Agnes Tompkins</u>		14. NAME OF HUSBAND OR WIFE <u>Willie Prather Fortney</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>XXXX 493-12-2473</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willie Brather Fortney, Holden, 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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>None</u> 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 <u>Unknown</u>
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)		<u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>at request only</u> , 19 <u>52</u> , that I last saw the deceased alive <u>at 10:25, 1952</u> , and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kelly Rawlins, M.D. Coronet</u>				23b. ADDRESS <u>Holden, Mo</u>		23c. DATE SIGNED <u>Oct 25 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct 28 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kingsville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-27-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. James Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canaday & Ropp, Holden, Missouri.</u>			

NOV 14 1952
JOHNSON COUNTY HEALTH DEPT.

NOV 17 1952

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 M. J. Canaday

Licensed Embalmer No. 3484

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.