

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41512

State File No.

5. No. 300
v. 10.48

FILED JAN 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>349</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		d. STREET ADDRESS (If rural, give location) <u>109 S 5th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 South 5th St</u>				d. STREET ADDRESS (If rural, give location) <u>109 S 5th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arabel</u>		b. (Middle) <u>Mourning Crane</u>		c. (Last) <u>Fortney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 - 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 5th 1860</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Allen Crews Crane</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Jefferson</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Weary Fortney</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Vic Reddy Route 4 Columbia</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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</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>10 days</u> <u>5 yrs</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Boone Co Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Dec-13</u> , 1952, to <u>Dec 28</u> , 1952, that I last saw the deceased alive on <u>Dec 28</u> , 1952, and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. C. Duggan M.D.</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>12-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fortney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 31 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs R. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. C. Jewett</u>		ADDRESS <u>Columbia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

