

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

4524

State File No. ....

FILED MAR 1 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 214

|   |  |   |  |   |   |   |                                     |   |  |
|---|--|---|--|---|---|---|-------------------------------------|---|--|
| <b>1. PLACE OF DEATH</b>  |  |   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). |   |   |                                     |   |  |
| a. COUNTY <u>Greene</u>   |  |   |  | 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. LENGTH OF STAY (in this place) <u>1 day</u>  |  | c. CITY OR TOWN <u>Miller</u>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <u>0</u> No <u>0</u> |                                     |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>   |  |   |  | e. STREET ADDRESS (If rural, give location) <u>0551</u>                                       |   |   |                                     |   |  |
| <b>3. NAME OF DECEASED</b>  |  |   | <b>4. DATE OF DEATH</b>                  |   |   |   |                                     |   |  |
| a. (First) <u>Eliza</u>   |  |   | b. (Middle) <u>A.</u>                    |   |   | c. (Last) <u>Fortner</u>  |                                     |   |  |
| (Type or Print)   |  |   | February 21, 1954                        |   |   |   |                                     |   |  |
| <b>5. SEX</b>   |  | <b>6. COLOR OR RACE</b>   |  | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)                                 |   | <b>8. DATE OF BIRTH</b>   |                                     |   |  |
| <u>Female</u>   |  | <u>White</u>  |  | <u>Married</u>  |   | <u>Jan. 26, 1883</u>  |                                     |   |  |
|   |  |   |  |   |   | 9. AGE (In years last birthday) <u>71</u>   |                                     |   |  |
|   |  |   |  |   |   | IF UNDER 1 YEAR: Months _____ Days _____  |                                     |   |  |
|   |  |   |  |   |   | IF UNDER 4 HRS. Hours _____ Min. _____  |                                     |   |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)  |  |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> |   | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) |   | <b>12. CITIZEN OF WHAT COUNTRY?</b> |   |  |
| <u>Housewife</u>  |  |   | <u>In Home</u>                           |   | <u>Lawrence County, Mo.</u>                               |   | <u>USA</u>                          |   |  |
| <b>13a. FATHER'S NAME</b>   |  |   | <b>13b. MOTHER'S MAIDEN NAME</b>         |   |   | <b>14. NAME OF HUSBAND OR WIFE</b>  |                                     |   |  |
| <u>Henry Merrick</u>  |  |   | <u>Lucy Gambill</u>                      |   |   | <u>Charlie Fortner</u>  |                                     |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)  |  | <b>16. SOCIAL SECURITY NO.</b>  |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b>  |   |   |                                     | <b>ADDRESS</b>  |  |
|   |  |   |  | <u>Charlie Fortner</u>  |   |   |                                     | <u>Miller, Missouri</u>   |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                             |  | <b>MEDICAL CERTIFICATION</b>  |  |   |   |   |                                     | <b>INTERVAL BETWEEN ONSET AND DEATH</b>                             |  |
|   |  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Rheumatic Heart Disease</u>                  |  |   |   |   |                                     |   |  |
|   |  | <b>ANTECEDENT CAUSES</b>  |  | <b>DUE TO (b)</b> <u>Myocardial &amp; Aortic Stenosis</u>                                     |   |   |                                     | <u>Unknown</u>  |  |
|   |  | <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>       |  | <b>DUE TO (c)</b>   |   |   |                                     |   |  |
|   |  | <b>II. OTHER SIGNIFICANT CONDITIONS</b>   |  |   |   |   |                                     |   |  |
|   |  | <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>        |  |   |   |   |                                     |   |  |
| <b>19a. DATE OF OPERATION</b>   |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |  |   |   |   |                                     | <b>20. AUTOPSY?</b>   |  |
|   |  |   |  |   |   |   |                                     | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)   |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | <b>21c. (CITY, TOWN, OR TOWNSHIP)</b>   |   | <b>(COUNTY)</b>   |                                     | <b>(STATE)</b>  |  |
|   |  |   |  |   |   |   |                                     |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.   |  | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | <b>21f. HOW DID INJURY OCCUR?</b>   |   |   |                                     |   |  |
|   |  |   |  |   |   |   |                                     |   |  |
| <b>22. I hereby certify that I attended the deceased from <u>Feb. 20, 1954</u>, to <u>Feb 21, 1954</u>, that I last saw the deceased alive on <u>Feb 21, 1954</u>, and that death occurred at <u>6:20 P.M.</u>, from the causes and on the date stated above.</b> |  |   |  |   |   |   |                                     |   |  |
| <b>23a. SIGNATURE</b>   |  |   |  | <b>(Degree or title)</b>  |   | <b>23b. ADDRESS</b>   |                                     | <b>23c. DATE SIGNED</b>   |  |
| <u>James T. Good</u>  |  |   |  | <u>MD</u>   |   | <u>Springfield, Mo</u>  |                                     | <u>2-22-54</u>  |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)  |  | <b>24b. DATE</b>  |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b>   |   | <b>24d. LOCATION</b> (City, town, or county)  |                                     | <b>(State)</b>  |  |
| <u>Burial</u>   |  | <u>Feb. 22, 1954</u>  |  | <u>Paradise</u>   |   | <u>Miller, Missouri</u>   |                                     |   |  |
| <b>DATE REC'D BY LOCAL REG.</b>   |  | <b>REGISTRAR'S SIGNATURE</b>  |  |   | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b>                   |   |                                     |   |  |
| <u>2-23-54</u>  |  | <u>Edna Williamson</u>  |  |   | <u>Morris-Weiman Funeral Home</u>                         |   |                                     |   |  |
|   |  |   |  |   | <u>Miller, Missouri</u>                                   |   |                                     |   |  |

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

1956 8 7 11 P

NOV 18 1956

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.....  
Signature of Student Embalmer

Signed *L. Laohi Gorman*

Licensed Embalmer No. 3177

P. O. Address *Amherst*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.