

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12584**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **5675** Registrar's No. **4**

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

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elsberry Rural Hurricane</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elsberry Rural</b>	
c. LENGTH OF STAY (in this place) <b>30yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Hurricane T's</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) <b>Lottie R Fortier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 17 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct-17-1878</b>
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Type kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Michael Chartrand</b>	13b. MOTHER'S MAIDEN NAME <b>Amelia Chartrand</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas F. Fortier</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>70</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Thomas F. Fortier</b> ADDRESS <b>Elsberry Mo</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND 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 <b>Progressive lipodystrophy</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Sept 6 1951**, to **Feb 17, 1954**, that I last saw the deceased alive on **Feb 17, 1954** and that death occurred at **9:20 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert M. Hall</b> (Degree or title)	23b. ADDRESS <b>Clobery, Mo.</b>	23c. DATE SIGNED <b>Feb 18, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 19-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elsberry Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Elsberry, Lincoln Mo</b>
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DATE REC'D BY LOCAL REG. <b>4/15/1954</b>	REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kientz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clayton Miller</b> ADDRESS <b>Elsberry Mo</b>
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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 2/17/59

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Clifton Miller*

Licensed Embalmer No. \_\_\_\_\_

*3364*

P. O. Address \_\_\_\_\_

*Elshem, MD*

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.