

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32191**

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|--|---|--|---|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 38 | | PRIMARY REG. DIST. NO. 3006 | | Registrar's No. 282 | |
| 1. PLACE OF DEATH a. COUNTY Boone | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Columbia, Paris) | | c. LENGTH OF STAY (in this place) 10 days | | c. CITY OR TOWN Columbia | | d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Boone County Hospital | | | | e. STREET ADDRESS (If rural, give location) Route 4 4 miles South | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) David | | | b. (Middle) Henderson | | c. (Last) Fortney | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 23 55 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH August 13, 1879 | | 9. AGE (in years last birthday) 76 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farm | | 11. BIRTHPLACE (City and State or Foreign Country) Boone County Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Fortney | | | 13b. MOTHER'S MAIDEN NAME Ann Jones | | 14. NAME OF HUSBAND WIFE Hattie Martin Fortney | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Guy Judd Route 4 Col. Mo. | | | |
| 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) Adenocarcinoma Body of Pancreas | | | | | 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) _____ 157X | | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 19a. DATE OF OPERATION Sept 14 1955 | | 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma pancreas with metastases to liver | | | | 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) m. | | 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 1955 to Oct 23 , 1955, that I last saw the deceased alive on Oct 23 , 1955, and that death occurred at 6 a. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Alan J. Wiedlin M.D. | | | | 23b. ADDRESS Professional Bldg | | 23c. DATE SIGNED 10-24-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 10-26-55 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) Columbia Mo | | |
| DATE REC'D BY LOCAL REG. Oct. 24 1955 | | REGISTRAR'S SIGNATURE Mrs. R.E. Palmer | | 25. FUNERAL DIRECTOR'S SIGNATURE Lyman Sprinkle | | ADDRESS Memorial Home Columbia, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed *Lynman Sprinkle*

Licensed Embalmer No. *401*

P. O. Address *Columb*

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.