

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43159

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u> <u>10030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Road</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1, Bernie, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Fortner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1955</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>Nov. 9, 1921</u>
9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Essex, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Charles O. Fortner</u>	
13b. MOTHER'S MAIDEN NAME <u>Gertrude Simmons</u>		14. NAME OF HUSBAND OR WIFE <u>Melba</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. II</u>		16. SOCIAL SECURITY NO. <u>646-22-6009</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Fortner, Bernie, Mo.</u>		ADDRESS	
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>22 rifle shot in left eye</u>  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. <u>9195</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>43</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Unknown</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>County Road</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Liberty Township, Stoddard, Mo.</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Unknown</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Unknown</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Way W. Rainey</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Dexter, Missouri</u>	
23c. DATE SIGNED <u>12-11-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-13-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-14-55</u>		REGISTRAR'S SIGNATURE <u>Valma V. Jenkins</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u>		ADDRESS <u>Dexter, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1958

OCT 2 1956

JAN 4

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 *Lucille Rainey*

Licensed Embalmer No. *4983*

P. O. Address *Repton, Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.