

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1956

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

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1377**

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| 1. PLACE OF DEATH<br>a. COUNTY   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  |                               | c. CITY OR TOWN <b>Salem</b>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>  |                               | e. STREET ADDRESS (If rural, give location) <b>0331</b>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Teddy</b> b. (Middle) <b>B.</b> c. (Last) <b>Fortune</b>  |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5, 1956</b>            |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>May 28, 1880</b>                                 |
| 9. AGE (In years last birthday) <b>75</b>  |                               | IF UNDER 1 YEAR Months   | IF UNDER 2 HRS. Days Hour Min.                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Salem, Mo.</b> |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>   |                               | 13a. FATHER'S NAME <b>Edward Fortune</b>   |  |
| 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |                               | 14. NAME OF HUSBAND OR WIFE <b>Bertha Fortune</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>None</b>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Don Fortune</b>   |                               | ADDRESS <b>3575 St. Joaquin Lane</b>   |  |
| 18. CAUSE OF DEATH<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, asthma, etc. It means the disease, injury, or complication which caused death.  |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nonobstructing Aortic valve</b><br>ANTECEDENT CAUSES <b>celebs</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION <b>540.0</b>  |  |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)   |                               | 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 <b>1-1</b> , 19 <b>56</b> , to <b>1-5</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>1-5</b> , 19 <b>56</b> , and that death occurred at <b>5:15 pm.</b> , from the causes and on the date stated above. |                               |  |  |
| 23. SIGNATURE (Degree or title) <b>Joseph E. Smith M.D.</b>  |                               | 23b. ADDRESS <b>Salem, Mo.</b>   |  |
| 23c. DATE SIGNED <b>2/6/56</b>   |                               | 24. BIRTHPLACE (City and State or Foreign Country) (STATE)   |  |
| 24a. BIRTHPLACE (City, town, or county) (State) <b>Salem, Mo.</b>  |                               | 24b. DATE <b>2-6-56</b>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove</b>  |                               | 24d. LOCATION (City, town, or county) (State) <b>Salem, Mo.</b>  |  |
| DATE REC'D BY LOCAL REG. <b>FEB 8 1956</b>   |                               | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>   |  |

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

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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, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John S. Denner*.....

Licensed Embalmer No... *419*.....

P. O. Address *St. Louis*.....

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.