

FILED NOV 19 1956

STANDARD CERTIFICATE OF DEATH

37649

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1034

| | | | | | | | |
|---|--|--|---------------------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Greene</i> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Greene</i> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Springfield</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <i>Ash Grove 0390</i> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Springfield Baptist Hosp</i> | | | Length of stay in 1b <i>2 Days</i> | | | d. STREET ADDRESS (If outside, give location) <i>R.F.D. 1</i> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>Lemuel Harrison Fortner</i> | | | | 4. DATE OF DEATH Month Day Year <i>November 11 1956</i> | | | |
| 5. SEX <i>Male</i> | | 6. COLOR OR RACE <i>White</i> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <i>May 11-1901</i> | |
| 9. AGE (In years last birthday) <i>55</i> | | IF UNDER 1 YEAR Months Days Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i> | |
| 11. BIRTHPLACE (City and state or country) <i>Greene Co. Mo</i> | | | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i> | | | |
| 13. FATHER'S NAME <i>Lewis Fortner</i> | | | | 14. MOTHER'S MAIDEN NAME <i>Amy Hughes</i> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No None</i> | | 16. SOCIAL SECURITY NO. <i>None</i> | | 17. INFORMANT Address <i>Mrs. L.H. Fortner Ash Grove Mo R1</i> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs</i> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | DUE TO (b) _____ DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <i>Nov 9, 1956</i> to <i>Nov 11, 1956</i> and last saw him <i>him</i> alive on <i>Nov 10, 1956</i> Death occurred at <i>4:00 A. m</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>E. C. Callaway, Jr. M.D.</i> | | | | 22b. ADDRESS <i>Springfield, Mo</i> | | 22c. DATE SIGNED <i>11-12-56</i> | |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i> | | 23b. DATE <i>Nov 13 1956</i> | | 23c. NAME OF CEMETERY OR CREMATORY <i>Ash Grove Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>Ash Grove Mo.</i> | |
| 24. FUNERAL DIRECTOR <i>W. B. Birch</i> | | ADDRESS <i>Ash Grove, Mo.</i> | | 25. DATE RECD. BY LOCAL REG. <i>11-14-56</i> | | 26. REGISTRAR'S SIGNATURE <i>Edna Williamson</i> | |

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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..... *Richard E. Watts*

Licensed Embalmer No..... *46*

P. O. Address..... *Ash Grove*

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.