

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38873**

FILED DEC 3 1956

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>116</u>		
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		7820		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 W. SHERMAN</u>				d. STREET ADDRESS (If rural, give location) <u>607 W. SHERMAN</u>				
3. NAME OF DECEASED (Type or Print) <u>Wida</u>			a. (First) _____		b. (Middle) <u>FORTNEY</u>		c. (Last) _____	
4. DATE OF DEATH <u>Nov. 21, 1956</u>		(Month) (Day) (Year)		5. SEX <u>FM</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 2, 1923</u>		9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>SHERMAN L. READING</u>			13b. MOTHER'S MAIDEN NAME <u>ORA DYER</u>			14. NAME OF HUSBAND OR DECEASED <u>RAY FORTNEY</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>488-26-6213</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ray Fortney</u>		ADDRESS <u>Neosho, Mo.</u>		
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>Hodgkin's Disease</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>Profound secondary anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		201X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>March 12, 1956</u> to <u>11-21-1956</u> that I last saw the deceased alive on <u>11-21, 1956</u> , and that death occurred at <u>7:15 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman, D.O.</u>				23b. ADDRESS <u>420 W. Sherman Neosho Mo</u>		23c. DATE SIGNED <u>11/24/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-24, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BEICAST</u>		24d. LOCATION (City, town, or county) (State) <u>Newton County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-26-56</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Looby Thompson Jr. Neosho, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. Newton  
District File Number 1156-202  
Date Filed NOV 30 1956

**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 Lyman R. Cunningham

Licensed Embalmer No. 4969

P. O. Address Wash, 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.