

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1957

57 0 27349
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE BRASHEAR COUNTY ADAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BRASHEAR Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COMMUNITY NURSING HOME Length of stay in 1b		d. STREET ADDRESS (If outside, give location) at 10 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ALFRED GRANT Fortney		4. DATE OF DEATH Month Day Year 8 28 1957	
5. SEX MALE	6. COLOR OR RACE CAUCASION	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DECEMBER 7-1864
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and state or country) ADAIR		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME THOMAS FORTNEY		14. MOTHER'S MAIDEN NAME CYNTHIA GRAHAM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT HARVEY FORTNEY		Address KIRKVILLE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute overwhelming toxemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Yremia DUE TO (c) Pyelonephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Nephrosclerosis, General arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2 days 5 days 6000 unknown
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 3-29-57 to 8-28-57 and last saw him her alive on 8-28-57 Death occurred at 10:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Georgeth Scheuer, D.O.		22b. ADDRESS 2 Kirkville, Mo	
22c. DATE SIGNED 9-2-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG 31-1957	
23c. NAME OF CEMETERY OR CREMATORY BRASHEAR CEMETERY		23d. LOCATION (City, town, or county) (State) BRASHEAR Mo	
24. FUNERAL DIRECTOR Kelley Rogers		25. DATE RECD. BY LOCAL REG. 9-6-1957	
ADDRESS Brashear, Mo.		26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Richard B. Kelly*,
Licensed Embalmer No. *44*

P. O. Address *Edmond, T.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**