

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4155

State File No.

FILED JAN 28 1958

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Stoddard

2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission.
a. STATE Missouri b. COUNTY Stoddard

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor c. LENGTH OF STAY (in this place) Months

c. CITY OR TOWN Dexter d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dexter, Mo. Route # 2

e. STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED a. (First) AUD b. (Middle) ---- c. (Last) FORTNER

4. DATE OF DEATH (Month) (Day) (Year) Jan. 11 - 58

5. SEX M. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH April 10-1881 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY Crop

11. BIRTHPLACE (City and State or Foreign Country) Thompsonville, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James A. Fortner 13b. MOTHER'S MAIDEN NAME Emma Lasley 14. NAME OF HUSBAND OR WIFE Myrtle Fortner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Myrtle Fortner, Campbell, Missouri ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis several years

INTERVAL BETWEEN ONSET AND DEATH 6 days

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1958, to Jan 11, 1958, that I last saw the deceased alive on Jan 11, 1958, and that death occurred at 1:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stephen Baker M.D. 23b. ADDRESS Bloomfield, Mo 23c. DATE SIGNED 1-12-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 15-58 24c. NAME OF CEMETERY OR CREMATORY S. Pleasant Valley 24d. LOCATION (City, town, or county) (State) Stoddard Co., Missouri

DATE REC'D BY LOCAL REG. Jan. 23-58 REGISTRAR'S SIGNATURE Mrs. George L. Baker 25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO., BLOOMFIELD, MO. ADDRESS

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

JAN 30 1958

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, & Lulu Cooper # 3499, ~~Student Embalmer~~ No.

~~working under my personal supervision.~~

Student.....
Signature of Student Embalmer

Signed Lulu Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield,.....

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.