

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 710
 BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5311 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Rural - Pilot Grove Twp</u>	c. LENGTH OF STAY (In this place) <u>1 year</u>	c. CITY OR TOWN <u>Rural - Pilot Grove Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>Near Pilot Grove</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM-LINCOLN-FORTSHELL</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-4-1949</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>OCT 10-1-1877</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Wm. Fortshell</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Bures</u>	14. NAME OF HUSBAND OR WIFE <u>never married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George O. Fortshell - Pilot Grove</u> ADDRESS _____	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gastrointestinal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably gastric ulcer.</u> DUE TO (c) <u>Mitral Heart Lesion</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1948</u>		

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>5 10</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pilot Grove, Mo. Cooper Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no</u>

22. I hereby certify that I attended the deceased from 12-31, 1948, to 1-4, 1949, that I last saw the deceased alive on 12-31, 1948, and that death occurred at 24 m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. Sandy M.D.</u>	23b. ADDRESS <u>Pilot Grove Mo</u>	23c. DATE SIGNED <u>1-6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-10-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Bur. Pilot Grove, Mo</u>
24d. LOCATION (City, town, or county) (State) _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays + Grinter - Grove</u> ADDRESS <u>Pilot Grove Mo</u>	
DATE REC'D BY LOCAL REG. <u>1949-49</u>	REGISTRAR'S SIGNATURE <u>De Hooper</u> 381	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-4827
0
9

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-10-49

STATEMENT BY LICENSED EMBALMER

Myself -

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 *Rayton E. Hayes*

Licensed Embalmer No. *5074*

P. O. Address *Pilot Grove, Mo.*

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.