

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32636

State File No.

FILED SEP 20 1949

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **165**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (In this place) 25 yrs.		d. STREET ADDRESS (If rural, give location) 516 North Lyon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Putnam Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Alma	b. (Middle) Jenice	c. (Last) Fortner	4. DATE OF DEATH (Month) (Day) (Year) August 17 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9-1882	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months 3 Days 8	11. UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Home Work	11. BIRTHPLACE (State or foreign country) Howard Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Brayman	13b. MOTHER'S MAIDEN NAME Belle Morris	14. NAME OF HUSBAND OR WIFE George H. Fortner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME George H. Fortner-Marshall	ADDRESS Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock following surgery		20 min
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Removal of tumor from chest. DUE TO (c) Paralysis of arms and legs		223X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 weeks	

19a. DATE OF OPERATION 8-17-49	19b. MAJOR FINDINGS OF OPERATION Tumor of right chest	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Marshall (COUNTY) Mo (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR X

22. I hereby certify that I attended the deceased from **7-10**, 1949, to **8-17**, 1949 that I last saw the deceased alive on **8-17**, 1949, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Putnam M.D.	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 8-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 19-1949	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Cem.	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. Aug 18-1949	REGISTRAR'S SIGNATURE Sidney F. Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Bussey	ADDRESS Marshall, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED **AUG 22**
District Health Officer No. 8,

District File Number _____

Date Filed 9-12-49

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 J. Leslie Swanson

Licensed Embalmer No. 3235

P. O. Address Marshall

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.