

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40800

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1148

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>3 1/2</u> years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Trotter Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>615 N. Main Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>Clementine</u>	c. (Last) <u>Fortner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24. 1949</u>
-------------------------------------	----------------------------	-------------------------------	--------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 15, 1857</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR <u>3</u> Months	IF UNDER 24 HRS. <u>0</u> Hours	IF UNDER 1 MIN. <u>0</u> Min.
----------------------	-------------------------------	---	--	---	---------------------------------	---------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Fair Grove, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	---	---	---

13a. FATHER'S NAME <u>Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Stratton</u>	14. NAME OF HUSBAND OR WIFE
---------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Etta Miller, St Elmo, Ill, daughter</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Lobar</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>st 40x</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 12.10., 1949, to 12.24., 1949, that I last saw the deceased alive on 12.22., 1949, and that death occurred at 10:10 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>12.28.49</u>
---	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 26, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Murray's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>2 miles S.W. Willard, Mo</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-29-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greenwade-Windle, Willard, Missouri</u>
--	--	---

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

29  
2

**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, YKY

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Mrs E. M. Greenwood

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2095

P. O. Address Willard, Missouri.

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.