

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12090
Registrar's No. 450

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5129 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Platte Twp.</u> c. LENGTH OF STAY (in this place) <u>2 1/2</u> life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Agency Rural Platte Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence Rural Agency</u>		d. STREET ADDRESS (If rural, give location) <u>Agency R.F.D.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>R.</u> c. (Last) <u>Fortner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 1, 1885</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Fortner</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-18-5607</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J.S. Middleton</u>		ADDRESS <u>Agency Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Lobar Pneumonia Bact. type</u> <u>did 36 hours after I first saw him</u> ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>came 6 hrs after 4-7-50</u>	
21a. ACCIDENT SUICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	490X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	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 <u>4-4</u> , 19 <u>50</u> , to <u>4-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-6</u> , 19 <u>50</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J.C. Starks, M.D.</u>		23b. ADDRESS <u>Agency Mo.</u>	
23c. DATE SIGNED <u>4-7-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>4/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frazier Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Agency Mo.</u>		24e. STATE (State) _____	
DATE REC'D BY LOCAL REG. <u>April 12, 1950</u>		REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u>		ADDRESS <u>Lower Mo.</u>	

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

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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 Me

working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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.