

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 90

050

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 N. Seventh St.		d. STREET ADDRESS (If rural, give location) 812 N. Seventh St.	

3. NAME OF DECEASED (Type or Print) a. (First) WARY	b. (Middle) FRANKLIN	c. (Last) FORTNEY	4. DATE OF DEATH (Month) (Day) (Year) March 31, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7, 1895	9. AGE (to years last birthday) 56	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 24	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking Business	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Boone County, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Dave Fortney	13b. MOTHER'S MAIDEN NAME Tiny Prewitt	14. NAME OF HUSBAND OR WIFE Virginia Mitchell Fortney
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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. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. W.D. Fortney, Columbia, Mo,	ADDRESS
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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, ashenia, 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) Cerebral hemorrhage		2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, essential, Severe DUE TO (c) Chronic glomerular nephritis		? years ? years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia, Pulmonary edema			① ? months ② 30 min

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from JAN, 1951, to 31 MARCH, 1952, that I last saw the deceased alive on 31 March, 1952, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE Charles A. Leach M.D. (Degree or title)	23b. ADDRESS Columbia, Mo	23c. DATE SIGNED 1 April 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
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DATE REC'D BY LOCAL REG. April 1 1952	REGISTRAR'S SIGNATURE Mrs R E Palmer 31	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 21 1953

**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 Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.