S. No. 300
EV. 10-48

0350

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

RECD MAY 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12507

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Union Twp.
c. LENGTH OF STAY (In this place): 25 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Campbell, Mo R-1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Union, Township 0350
d. STREET ADDRESS (If rural, give location): Campbell, Mo. Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): C.
c. (Last): Fortman

4. DATE OF DEATH (Month) (Day) (Year): March 30 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: April 30 1858
9. AGE (In years last birthday): 93 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Ben Siebert Campbell Route 1, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Arteriosclerotic — 10 years
DUE TO (c) Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to 30 Mar 1952 that I last saw the deceased alive on 30 Mar 1952 and that death occurred at 10P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Charles L. Williams M.D.
23b. ADDRESS: Malden, Mo.
23c. DATE SIGNED: 7 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/30/52
24c. NAME OF CEMETERY OR CREMATORY: GLENNONVILLE ST. THERSIA
24d. LOCATION (City, town, or county) (State): GLENNONVILLE MO.

DATE REC'D BY LOCAL REG.: 5/7/1952
REGISTRAR'S SIGNATURE: Mae Beulah Campbell 1201
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: DAY FUNERAL HOME MALDEN, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-9-52

COUNTY FILE NUMBER 552-~~[illegible]~~,115

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. D. Schouman

Licensed Embalmer No. 4086

P. O. Address Gideon

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.