

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

**15464**

State File No. ....

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>205</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		<u>0013</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 N. Luther St.</u>				d. STREET ADDRESS (If rural, give location) <u>701 N. Luther</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u>			b. (Middle) <u>Roy</u>		c. (Last) <u>Fortney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 27, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Rtd.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Adair Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Francis M. Fortney</u>			13b. MOTHER'S MAIDEN NAME <u>Nettie Labell</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie May Williams</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486 14 9539</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Fortney, Kirksville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				<b>MEDICAL CERTIFICATION</b>			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>  ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)		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>Feb 1, 1948</u> , to <u>6-4, 1950</u> , that I last saw the deceased alive on <u>June 4, 1952</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>C. K. Martin</u>				23b. ADDRESS <u>Kirksville, Mo</u>		23c. DATE SIGNED <u>6-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jewell</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-6-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul H. Riley, Kirksville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

013

JUN 9 1952

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.....

*Keith Collier*

Licensed Embalmer No. *3632*

P. O. Address *Knoxville TN*

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.