

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32246**

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY JOHNSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARRENSBURG		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOLDEN 0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION Salina NURSING HOME.		d. STREET ADDRESS (If rural, give location) E. THIRD 0	

3. NAME OF DECEASED (Type on Print) a. (First) AGNES b. (Middle) SALINA c. (Last) FORTNEY			4. DATE OF DEATH (Month) (Day) (Year) SEPT 28, 1953		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 30, 1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) MISSISSIPPI		12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NEWTON TOMPKINS	13b. MOTHER'S MAIDEN NAME SUSAN TANNER	14. NAME OF HUSBAND OR WIFE John S FORTNEY
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM FORTNEY, HOLDEN, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 15 1/2 15 yr 6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized		
	DUE TO (c) Broken hip		
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 4200F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **9-21**, 19**53**, to **9-28**, 19**53**, that I last saw the deceased alive on **9-28**, 19**53**, and that death occurred at **3⁰⁰ P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David R Holmes M.D.	23b. ADDRESS Warrensburg, Mo	23c. DATE SIGNED 9-30-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-30-1953	24c. NAME OF CEMETERY OR CREMATORY HOLDEN CEMETERY
		24d. LOCATION (City, town, or county) (State) HOLDEN, MO

DATE REC'D BY LOCAL REG. Oct 1, 1953	REGISTRAR'S SIGNATURE Savannah Perle	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EB East Holden, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

51 2 4

REGISTERED
1955
JOHNSON COUNTY, IOWA

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 _____

EB East

Licensed Embalmer No. 4059

P. O. Address Holden, 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.