

FILED MAY 5 1955

STANDARD CERTIFICATE OF DEATH

State File No. 14453

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>6276</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, give name of town or township) <u>Worth</u>		c. LENGTH OF STAY (in this place) <u>20 yr</u>		c. CITY OR TOWN <u>Sheridan Missouri</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>home north of Sheridan Mo</u>				e. STREET ADDRESS (If rural, give location) <u>Road 6 276 2 1/2 miles north of Sheridan Missouri</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Uarda</u>		b. (Middle) _____		c. (Last) <u>Cortner</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>17</u>		(Year) <u>1955</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March-25-1881</u>	9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR Months <u>00</u> Days <u>22</u>	11. IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Blockton Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Turnbull</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth McLurkand</u>		14. NAME OF HUSBAND OR WIFE <u>John Cortner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myra Childers Sheridan Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular fibrillation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>9hrs</u>  <u>1week</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) _____		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 _____, 19 <u>47</u> , to <u>April 17, 1955</u> , that I last saw the deceased alive on <u>April 17, 1955</u> , and that death occurred at <u>7p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Harrison</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Grant City MO</u>		23c. DATE SIGNED <u>4-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blockton Cemetery</u>		24d. LOCATION (City, town, or county) <u>Blockton Iowa</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>April 27-1955</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>		345-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrew Grant City Mo</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews, Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 421

P. O. Address Grant Co

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.