

Health,
Welfare
Public
Service

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34666

STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 2940

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OSARK</u>		c. CITY OR TOWN <u>MARSHFIELD MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>3 MI S MARSHFIELD</u>	

3. NAME OF DECEASED (Type or print) <u>MILLIE JANE ORTNER</u>			4. DATE OF DEATH <u>SEPT 8 1957</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 23 1870</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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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	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>WILLIAM ALLEN</u>	13b. MOTHER'S MAIDEN NAME <u>SUSIE BATEMAN</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>VELTON ORTNER</u>	Address <u>MARSHFIELD MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
DUE TO (b) <u>Fractured Hip - Left.</u>		<u>3 weeks</u>
DUE TO (c) <u>9040</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2</u>		
19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fall in Home - Fracture of Femur - Left.</u>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>12</u>	COUNTY	STATE
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21. I attended the deceased from <u>many years</u> to <u>Sept. 8, '57</u> and last saw her alive on <u>Sept. 1 '57</u> Death occurred at <u>10 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>C. P. Macdonald, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Marshfield, Mo.</u>	22c. DATE SIGNED <u>9-9-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9-10-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>	23d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>
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24. FUNERAL DIRECTOR <u>BARBER EDWARDS</u>	ADDRESS <u>MARSHFIELD</u>	25. DATE RECD. BY LOCAL REG. <u>9-25-57</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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1-57

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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *George Stapp*

Licensed Embalmer No. *3161*
P. O. Address *Mr. Stapp*

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.