V.S. No. 300
Rev. 10.48

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35266

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 57-77

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lockwood
c. LENGTH OF STAY (in this place): 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miller
d. STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Elizabeth
c. (Last): Fortner

4. DATE OF DEATH (Month) (Day) (Year): 11-5-1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: 1-13-1889
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months 9 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lawrence Co.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. Harvey Allen
13b. MOTHER'S MAIDEN NAME: Sarah M. Lane
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Raymond Myers ADDRESS: Miller 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) Cancer of the stomach — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 151X
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* 11-4-, 1957, *to* 11-5-, 1957, *that I last saw the deceased alive on* 11-5-, 1957, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max Heilbronn M.D.
23b. ADDRESS: Lockwood, Mo
23c. DATE SIGNED: 11-5-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-7-1957
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Shiloh
24d. LOCATION (City, town, or county) (State): N.E. of Miller Mo.

DATE REC'D BY LOCAL REG.: 11-8-57
REGISTRAR'S SIGNATURE: J. C. Canada
25. FUNERAL DIRECTOR'S SIGNATURE: Morris Leimon ADDRESS: Miller Mo.

(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~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed G. R. Lerner

Licensed Embalmer No. 3297

P. O. Address Miller 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.