S. No. 300
. 10-48

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

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-005196

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5452 Registrar's No. 218 1

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ASH GROVE
c. LENGTH OF STAY (In this place): LIFETIME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi S.E. of ASH GROVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN: ASH GROVE
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 2 mi S.E. of ASH GROVE

0390

3. NAME OF DECEASED (Type or Print)
a. (First): DELLA
b. (Middle):
c. (Last): FORTNER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 1-1958

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 25-1880
9. AGE (In years last birthday): 77
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:
11. BIRTHPLACE (City and State or Foreign Country): WILLARD - MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CEOLA HUGHES
13b. MOTHER'S MAIDEN NAME: HARRIETT FIRESTONE
14. NAME OF HUSBAND OR WIFE: ELDO FORTNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: AGATHA WHITE
ADDRESS: ASH GROVE - 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) CIRCULATORY COLLAPSE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CARDIAC COLLAPSE
DUE TO (c) Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
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* NOV. 15, 1957, *to* MAR 1, 1958, *that I last saw the deceased alive on* MAR. 1, 1958, *and that death occurred at* 2.37 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C.F. Stagg
(Degree or title): DO
23b. ADDRESS: Ash Grove Mo
23c. DATE SIGNED: 3/1/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-2-58
24c. NAME OF CEMETERY OR CREMATORY: Cave Springs Cemetery
24d. LOCATION (City, town, or county) (State): Greene Co. Mo.

DATE REC'D BY LOCAL REG.: 3-5-58
REGISTRAR'S SIGNATURE: Effie G. Moulton
25. FUNERAL DIRECTOR'S SIGNATURE: Brim - Daniel - Ash Grove - Mo.
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Boyle L. Sowel

Licensed Embalmer No. 4

P. O. Address Ash Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.

(Licensed Embalmer's Statement on Reverse Side)