

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013490
State File No.

FILED MAY 1 1958

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>3-10</u>		Registrar's No. <u>275</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> 0721			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>New Madrid</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				No. _____ STREET ADDRESS (If rural, give location) <u>Brush Prairie</u>			
3. NAME OF DECEASED (Type or Print) <u>Susie</u>		a. (First) <u>Bortner</u>		b. (Middle) _____		c. (Last) <u>McClure</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1958</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	
8. DATE OF BIRTH <u>Aug. 23, 1886</u>		9. AGE (In years last birthday) <u>72</u>		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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid Co. Mo. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Neal Fortner</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>495-14-0076</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loyd Poe, 3161 S. Grand St.,</u>		ADDRESS <u>Louis, Mo.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Acute Congestive heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2. Coronary artery heart disease</u> DUE TO (c) <u>3. D. rebel's melittis in acidosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4. Broncho pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>1</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4201	
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 <u>4/9/58</u> to <u>4/9/58</u> , that I last saw the deceased alive on <u>4/9</u> , 1958, and that death occurred at <u>11 am</u> from the causes and on the date stated above.						_____	
23a. SIGNATURE <u>J. H. Kern</u>		(Degree or title) <u>MO</u>		23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>4/11/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 11, 58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 26, 1958</u>		REGISTRAR'S SIGNATURE <u>Mr. Homer E. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Undertaking Co.</u>			

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

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 *Tommy L. Roberts*.....

Licensed Embalmer No. *4880*.....

P. O. Address *New Market*.....

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.