

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023770

STATE FILE NUMBER

DECEASED JUN 16 1959

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 37

300  
-57

Health,  
Welfare  
Public  
Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

10  
11

1. PLACE OF DEATH a. COUNTY <b>ST. GENEVIEVE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. GENEVIEVE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. GENEVIEVE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. GENEVIEVE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Genevieve R.H.</b>		Length of stay in lb <b>5 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>0951</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BRASKA</b> Middle <b>ORTNER</b> Last <b>ORTNER</b>			4. DATE OF DEATH Month <b>June</b> Day <b>9</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11-27-1886</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Depot Agent (R.R.)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT Address <b>R.R. # 1</b> <b>Benton Ortner, Imperial Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Apoplexy</b> <b>Arterio-Sclerosis with Hypertension</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterio-Sclerosis with Hypertension</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>10 yrs</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Jan 5 1959</b> to <b>June 9 1959</b> and last saw him alive on <b>June 9 1959</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Arthur S. Reynolds M.D.</b> (Degree or title)			22b. ADDRESS <b>St. Genevieve Mo</b>		22c. DATE SIGNED <b>6-11-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/13/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Reynolds Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Reynolds, Missouri</b>
24. FUNERAL DIRECTOR <b>McLAUGHLIN'S, 2301 Lafayette Ave.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>June 12, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Arthur S. Reynolds</b>	

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 *James R. Chapman* .....

Licensed Embalmer No. *4550* .....

P. O. Address *St. Louis* .....

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.