

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-035131

FILED VS NOV 8 1959

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 132

ENDED

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Length of stay in 1b 20 yrs.	c. CITY OR TOWN Butler Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 E Ft Scott		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 206 E Ft Scott Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EVA Middle ELIZABETH Last FORTNER			4. DATE OF DEATH Month Oct Day 29 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/15/1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Fountain Run KY.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Tinsley		13b. MOTHER'S MAIDEN NAME Sarah Benedict		14. NAME OF HUSBAND OR WIFE James S Fortner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Ethel Walker-Butler Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial Insufficiency		5 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Arterial Hypertension	15 yr.
	DUE TO (c) tension - chr. Bronchitis	15 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			

20d. INJURY OCCURRED WHILE AT WORK <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.) 1950	20f. CITY, TOWN, OR LOCATION Butler Missouri	COUNTY Butler	STATE Mo
21. I attended the deceased from 12.30 PM on Oct 29, 1959 and last saw her alive on Oct. 29, 1959 Death occurred at 12.30 PM on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Carter W. Luter MD		22b. ADDRESS Butler Missouri		22c. DATE SIGNED 10/29/59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/31/59	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) Butler Mo	

24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo	25. DATE RECD. BY LOCAL REG. Oct. 30-1959	26. REGISTRAR'S SIGNATURE Rendell Kray
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John J. Anderson

Licensed Embalmer No. 3585

P. O. Address Butler M

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.