

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004917

FILED VS FEB 3 1961
 AMENDED

Registration District No. 86 Primary Registration District No. 5777 Registrar's No. 3-1961

STATE FILE NUMBER

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Crawford					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cuba		Length of stay in 1b 1 mon 22da.		c. CITY OR TOWN Cuba		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Donald Middle Lee Last Fortner				4. DATE OF DEATH Month Jan. Day 31 Year 1961					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 9, 1960		9. AGE (last birthday) IF UNDER 1 YEAR Months 1 Days 22 IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cuba, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Earl Fortner			13b. MOTHER'S MAIDEN NAME Betty Gruver			14. NAME OF HUSBAND OR WIFE Never Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. - - - - -		17. INFORMANT Earl Fortner			Address Cuba, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation DUE TO (b) accidental smothering DUE TO (c) under bed clothes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 hr.		
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Asphyxiated under bed clothes					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year Jan 31, 1961		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.) Home		20f. CITY, TOWN, OR LOCATION Cuba, Crawford Mo.		COUNTY Crawford STATE Mo.	
21. I attended the deceased from Dec 9, 1960 to Jan 31, 1961 and last saw him alive on Jan 25, 1961 Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Frank A. Elders, MD (Degree or title)					22b. ADDRESS Cuba Mo.		22c. DATE SIGNED 1-31-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 2, 1961		23c. NAME OF CEMETERY OR CREMATORY Buffalo Cemetery		23d. LOCATION (City, town, or county) (State) Sullivan, Mo.			
24. FUNERAL DIRECTOR Strauser-Lenox			ADDRESS Sullivan, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 1, 1961		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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 Willard L. Strauser, Student Embalmer No. 623
working under my personal supervision.

Student

Willard L. Strauser

Signature of Student Embalmer

Signed

K. M. Leroy, Jr.

Licensed Embalmer No. 5090

P. O. Address St. Clair, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.