

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041439

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 184

AMENDED

FILED NOV 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		c. CITY OR TOWN Mt. Vernon	
Length of stay in 1b 1 hour		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane-Chinn Hospital		d. STREET ADDRESS (If outside, give location) 210 W. Sloan	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Norman Middle Fortner Last Fortner			4. DATE OF DEATH Month 11 Day 20 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1908
9. AGE (last birthday) 53		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street foreman		10b. KIND OF BUSINESS OR INDUSTRY City of Mt. Vernon	11. BIRTHPLACE (City and state or country) Mt. Vernon, Mo.
12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John Fortner		13b. MOTHER'S MAIDEN NAME Lundy	14. NAME OF HUSBAND OR WIFE Jane Fortner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Jane Fortner Mt. Vernon, 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) Acute circulatory collapse DUE TO (b) Coronary thrombosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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 Month, Day, Year a.m. 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 11-20-61 to 11-20-61 and last saw him ^{her} alive on 11-20-61 Death occurred at 11:15 ^{a.m.} on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 624 W. Broadway, Webb City, Mo.	22c. DATE SIGNED 11-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-23-1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Vernon, Cemetery	23d. LOCATION (City, town, or county) (State) Mt. Vernon Mo.
24. FUNERAL DIRECTOR ADDRESS H.D. Fossett Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 11-22-61	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

NOV 29 1961

MAY 1 1962

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 W H Foreman

Licensed Embalmer No. 2201

P. O. Address 127 1/2 ...

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.