

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042412

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 193

FILED NOV 19 1962	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>	
2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u> Length of stay in lb <u>since 53</u>	
c. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>Gainesville Rt</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Minda R.</u> Middle <u>Fortune</u> Last <u></u>	
4. DATE OF DEATH Month <u>November</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-15-1887</u> 9. AGE (last birthday) <u>74 years</u>
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 <u>housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Myrtle, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William G. Rosenberger</u>	
13b. MOTHER'S MAIDEN NAME <u>Cora Howard</u>	
14. NAME OF HUSBAND OR WIFE <u>Harry E. Fortune</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT Address <u>H.E. Fortune, West Plains, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal Pneumonia</u> DUE TO (b) <u>Fract. R. Femur, Severe Dehydration</u> DUE TO (c) <u>Arteriosclerosis, Cachexia, Urinary Incontinence</u> 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 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.) <u>Fell at home, Fract back R. Femur</u>	
20c. TIME OF INJURY Hour <u>5</u> a.m. p.m. Month, Day, Year <u>7-10-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	
20f. CITY, TOWN, OR LOCATION <u>West Plains - Howell - Missouri</u> COUNTY <u>Howell</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>10 July 62</u> to <u>9 Nov 62</u> and last saw her alive on <u>9 Nov. 1962</u> Death occurred at <u>2:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Beatrice Cook</u> 22b. ADDRESS <u>West Plains, Mo.</u> 22c. DATE SIGNED <u>11-12-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> 23b. DATE <u>11-13-62</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Myrtle Cemetery</u> 23d. LOCATION (City, town, or county) (State) <u>Myrtle, Oregon, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Robertson's, West Plains, Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>11-15-62</u> 26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

VS 300
Rev. 4/59
10465
20460
3
4 1
5 1
6
7 0
8 2
99040
10 21
11 046
12 0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

5

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 *A. A. Robertson*

Licensed Embalmer No. 3432

P.O. Address West Plains, 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.