

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0028230

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 1 1966

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CLINTON

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

CLINTON General Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Henry

admission)

c. CITY
OR TOWN

CLINTON

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

903 1/2 S. 2nd Str

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

Clyde

First

Fortney

Last

4. DATE
OF DEATH

July 24, 1966

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐

8. DATE OF BIRTH

Oct 30, 1886

9. AGE (last birthday)

79

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Carpenter

11. BIRTHPLACE (City and state or country)

Holden, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John S. Fortney

13b. MOTHER'S MAIDEN NAME

Agnes Thompkins

14. NAME OF HUSBAND OR WIFE

Carrie Fortney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Not known

16. SOCIAL SECURITY NO.

486-01-6846

17. INFORMANT

Vernon Fortney, K.C. 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)

Isolated Obstruction by ventricular septum

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Aneurysm - distal and terminal

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 7-24-66 to 7-25-66 and last saw her alive on 7-25-66
Death occurred at 3:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. D. Burdhan, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

7-25-66

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/27/66

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

Christian Chapel

25. DATE RECD. BY LOCAL REG.

July 26, 66

26. REGISTRAR'S SIGNATURE

Mildred Begum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0425

2 0425

3

4 0

5 1

6

7 0

8 2

9 9219

10 46

11 333

12 1-0

13 1-0

AUG 12 1966

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

John R. Didmon
Licensed Embalmer No. 4531
P. O. Address Kansas City, 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.

Permit obtained 7-26-66 WAB