

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31609**

FILED SEP 21 1953

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 198		
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry				
b. CITY OR TOWN Clinton		c. LENGTH OF STAY (In this place) 12 days		c. CITY OR TOWN Clinton Mo		d. STREET ADDRESS (If rural, give location) W Rogers		
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital				d. STREET ADDRESS (If rural, give location) W Rogers				
3. NAME OF DECEASED a. (First) John			b. (Middle) J.		c. (Last) Ortner		4. DATE OF DEATH (Month) (Day) (Year) 9-15-1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 29, 1882		9. AGE (In years last birthday) 71	# CHECK 1 YEAR Months	# CHECK 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder		10b. KIND OF BUSINESS OR INDUSTRY Contracting		11. BIRTH PLACE (City and State or Foreign Country) Marion Co Kansas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME George Ortner			13b. MOTHER'S MAIDEN NAME Mary Samuel		14. NAME OF HUSBAND OR WIFE Minnie Ortner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Minnie Ortner ADDRESS W Rogers				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia				DUE TO (b) Fracture of rt femur		3 days		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Cerebral hemorrhage		18 days		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Permissive anemia		Several years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E 9030				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton Henry MO.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 28 1953 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Got out of bed & fell in floor.				
22. I hereby certify that I attended the deceased from Aug 29, 1953 , to 9-15, 1953 , that I last saw the deceased alive on 9-15, 1953 , and that death occurred at 1:05 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Deputy or title) Edward Barnett D., D.				23b. ADDRESS Wetzel Hospital Clinton Mo		23c. DATE SIGNED 9/1/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-18-1953		24c. NAME OF CEMETERY OR CREMATORY Englewood Cem		24d. LOCATION (City, town, or county) (State) Clinton Mo		
DATE REC'D BY LOCAL REG. Sept-18-53		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sickman-Dunning Clinton Mo				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

770

6561 6 T 10N

NOV 2

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
Student Embalmer

Signed Robert L Dunning

Licensed Embalmer No. 7796

P. O. Address Clinton MS

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