

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 579

FILED JAN 19 1949

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>5238</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>CEGAR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CEGAR</u> <u>2nd</u>					
b. CITY OR TOWN <u>RURAL Jefferson</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>RURAL Jefferson Township</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles N.E. of Stockton, MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Miles N.E. of Stockton, MO</u>				d. STREET ADDRESS (If rural, give location) <u>5 Miles N.E. of Stockton, MO</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u> b. (Middle) <u>T.</u> c. (Last) <u>HORNBECK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 7 1949</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 7 1883</u>			
9. AGE (In years last birthday) <u>65</u>		Months <u>7</u>		Days <u>29</u>		IF UNDER 18 RES. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CEGAR Co., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>JOHN HORNBECK</u>			13b. MOTHER'S MAIDEN NAME <u>MISSOURI YOUNG</u>		14. NAME OF HUSBAND OR WIFE <u>JEWELL HORNBECK</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jewell Hornbeck, Stockton, MO</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>112011</u>				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stockton Cedar Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. B. Richter M.D.</u>				23b. ADDRESS <u>Stockton Mo.</u>		23c. DATE SIGNED <u>1-8-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan. 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Union Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Stockton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-15-49</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		54 F. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlow</u>		ADDRESS <u>Stockton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 1-2-48-1626

Date Filed 1-18-49

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 _____

James J. Gentry

Student Embalmer No. 259

working under my personal supervision.

Signed *John A. Cantlon*

Licensed Embalmer No. 4387

Signed.....
Student Embalmer

P. O. Address Stockton, MC

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.