

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3737

State File No.

FILED JAN 26 1949

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 14

| | | | |
|-----------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Shelby</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUNNEWELL</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUNNEWELL</u> | |
| c. LENGTH OF STAY (in this place) <u>504.85</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>10 2 3</u> | |

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|-------------------------------------|------------------------|---------------------------|-----------------------|--------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>John</u> | b. (Middle) <u>Joseph</u> | c. (Last) <u>Horn</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 15 1949</u> |
|-------------------------------------|------------------------|---------------------------|-----------------------|--------------------------------------------------------|

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|--------------------|-------------------------------|-----------------------------------------------------------------------|-----------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>1/15/1875</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
|--------------------|-------------------------------|-----------------------------------------------------------------------|-----------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------------------------|

| | | | |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>GR. FEED ETC.</u> | 11. BIRTHPLACE (State or foreign country) <u>Blue Island Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|

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|--------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| 13a. FATHER'S NAME <u>William Horn Sr.</u> | 13b. MOTHER'S MAIDEN NAME <u>Kathleen Anderson</u> | 14. NAME OF HUSBAND OR WIFE <u>Margie Lee Horn</u> |
|--------------------------------------------|----------------------------------------------------|----------------------------------------------------|

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|-----------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dwight Horn</u> | ADDRESS <u>St. Louis Mo</u> |
|-----------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|-----------------------------|

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| 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, ashenia, 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) <u>Asphyxy</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. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ |
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| | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 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.

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|------------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>Lawrence Garrison</u> (Degree or title) <u>Crown</u> | 23b. ADDRESS <u>Bethel, Missouri</u> | 23c. DATE SIGNED <u>Jan 15 1949</u> |
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| | | | |
|---------------------------------------------------------|----------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/18/1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>L.O.C.</u> | 24d. LOCATION (City, town, or county) (State) <u>Hunnewell Mo</u> |
|---------------------------------------------------------|----------------------------|--------------------------------------------------|-------------------------------------------------------------------|

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|---------------------------------------------|-------------------------------------------|-----|--------------------------------------------------------|------------------------------|
| DATE REC'D BY LOCAL REG. <u>Jan 17-1949</u> | REGISTRAR'S SIGNATURE <u>Ada Garrison</u> | 419 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leilan Karsick</u> | ADDRESS <u>Hunnewell Mo.</u> |
|---------------------------------------------|-------------------------------------------|-----|--------------------------------------------------------|------------------------------|

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

JUL 23 1949
MAY 7 1949

JAN 24 1949
FEB 7 1949

RECEIVED
District Health Officer No. 10.
District File Number 1-49-139
Date Filed JAN 24 1949

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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelburne, 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 this body is not embalmed, fact should be so stated above.