

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4549

State File No. _____

FILED MAR 14 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 214-E

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>Days</u>		d. STREET ADDRESS (If rural, give location) <u>2120 N. Pierce</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Riley</u> b. (Middle) _____ c. (Last) <u>Horton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 31, 1902</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WOOD WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHAVE MILL</u>		11. BIRTHPLACE (State or foreign country) <u>Christian Co. Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Lssac N. Horton</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza A. Stellens</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Horton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>Yes</u> (If so, give year or date of service) <u>1924 to 1926</u>		16. SOCIAL SECURITY NO. <u>498-28-3001</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Horton Springfield, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wounds of abdomen</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3/3/49</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			e.g. 1	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			✓	

19a. DATE OF OPERATION <u>3/3/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lacerations of sup. mesenteric vein - abd. aorta</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Springfield Greene Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 3 1949 8:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot with a gun</u>		

22. I hereby certify that I attended the deceased from 3-3, 1949, to 3-4, 1949, that I last saw the deceased alive on 3-4, 1949, and that death occurred at 1:20 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>W. H. Handley M.D.</u>		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>3/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unoin Chapel Cemetery Christian Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/7/49</u>		REGISTRAR'S SIGNATURE <u>W. H. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Klingner & Co. Springfield, Mo.</u>	

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

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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.....

Ogden Sloman Jr.

Licensed Embalmer No. *4126*

P. O. Address *Springfield*

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.