

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11376

| | | | | |
|--|--|---|-----------------------------|--|
| BIRTH NO. | | REG. DIST. NO. 1 | PRIMARY REG. DIST. NO. 3000 | Registrar's No. 111 |
| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY Scotland | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis | | |
| c. LENGTH OF STAY (in this place) 13 days | | d. STREET ADDRESS (If rural, give location) 217 So. Knot | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital | | 4. DATE OF DEATH (Month) (Day) (Year) Apr 14-49 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary Jane b. (Middle) c. (Last) Hornback | | 5. SEX F / 6. COLOR OF RACE W | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Mar 22-1879 | | |
| 9. AGE (In years last birthday) 70 | | 10. KIND OF BUSINESS OR INDUSTRY | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) None wife | | 11. BIRTHPLACE (State or foreign country) Flemmington Co. Ky | | |
| 12. CITIZEN OF WHAT COUNTRY? Scotland | | 13a. FATHER'S NAME Unknown | | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 13c. NAME OF HUSBAND OR WIFE Clarence O. Hornback | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. ✓ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold O. Hornbacker Arleta Mo |
| 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) Massive pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute hemorrhagic pancreatitis 2 Weeks DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS arteriosclerosis of left kidney Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION none | | 20. AUTOPSY? YES <input checked="" 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) 5870 |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 4-1-49, 19, to 4-14-49, 19, that I last saw the deceased alive on 4-14-49, and that death occurred at 6:15P m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) Carl Laughlin Jr. D.O. | | 23b. ADDRESS Kirksville, Mo. | | 23c. DATE SIGNED 4-17-49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Apr 17-49 | | 24c. NAME OF CEMETERY OR CREMATORY Memphis |
| 24d. LOCATION (City, town, or county) (State) Memphis Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gerth Baseth Memphis Mo | | |
| DATE REC'D BY LOCAL REG. 4-19-49 | | REGISTRAR'S SIGNATURE Kate Lambert | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 4492

APR 26 1949

Date Filed _____

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.

Signed _____

Frank Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4258

P. O. Address _____

Albuquerque

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.