

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

121243
State File No. _____

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

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5464 Registrar's No. 22

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) <u>Willard</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Willard, Mo</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>LeRoy</u>	c. (Last) <u>HORN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 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>Feb. 20th 1904</u>
9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr. Locken Plant</u>	11. BIRTHPLACE (State or foreign country) <u>Skidmore, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr. Locken Plant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Operating Locken Plant</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Marshall Horn</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Robbins</u>	
14. NAME OF HUSBAND OR WIFE <u>Floretta Mahanay Horn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Floretta Horn</u>		ADDRESS <u>Willard, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>resulting in</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) <u>Myocardial insufficiency</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>470</u>		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)	
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 <u>Apr. 7</u> , 19 <u>49</u> , to <u>Apr. 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr. 7</u> , 19 <u>49</u> , and that death occurred at <u>1 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert L. Willard</u> (Print name and title)		23b. ADDRESS <u>Willard, Mo.</u>	
23c. DATE SIGNED <u>4/7/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-10-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Walnut Grove Mo</u>
DATE REC'D BY LOCAL REG. <u>4-9-49</u>	REGISTRAR'S SIGNATURE <u>Gene A. Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Brown</u> ADDRESS <u>Walnut Grove Mo</u>	

RECEIVED

Greene County Health Office,

County File Number 49-28-4

Date Filed 4-28-49

APR 20 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 Gene A. Brinn

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, 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.