

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16422**

BIRTH NO. _____		REG. DIST. NO. <u>169</u>	PRIMARY REG. DIST. NO. <u>3623</u>	Registrar's No. <u>23</u>
1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u> <u>997</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novelty / (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chicago</u> <u>11</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>One Mile West of Novelty</u>		d. STREET ADDRESS (If rural, give location) <u>2135 S. Michigan</u> <u>9</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville</u>		b. (Middle) _____		c. (Last) <u>Horn</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May-18-1949</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec -27 - 1892</u>	9. AGE (In years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retreading Tires</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Firestone Tire Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Knox County, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Albert Horn</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Rinehart</u>	14. NAME OF HUSBAND OR WIFE <u>None.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes April-26-1918 to 324-09-4095</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Houertor</u> ADDRESS <u>Novelty Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Jan-21-1919.</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage (carcinoma)</u>		ANTECEDENT CAUSES <u>C. A. of Lung & Abdomen 1 1/2 yr</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____		
		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>11:2A</u>
19a. DATE OF OPERATION <u>Nov 1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>C. A. of Lung</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Novelty Knox 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 <u>May 8</u> , 19 <u>49</u> , to <u>May 18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 18</u> , 19 <u>49</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Waldo B. Snow M.D.</u>		23b. ADDRESS <u>Novelty Knox City MO</u>		23c. DATE SIGNED <u>5/20/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-21-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Novelty</u>	24d. LOCATION (City, town, or county) (State) <u>Knox County, Mo. 5 Miles South West of Novelty</u>	
DATE REC'D BY LOCAL REG. <u>May-21-49</u>	REGISTRAR'S SIGNATURE <u>Waldo B. Snow</u> <u>151</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u> ADDRESS <u>Edina, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

JUN 28 1949

MAY 28 1949

RECEIVED
District Health Officer
District File No. ⁵⁻⁴⁸ MAY 23 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.

Student
Student Embalmer

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.