

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 1855

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4353 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u>	
c. LENGTH OF STAY (in this place) <u>1 W.</u>		d. STREET ADDRESS (If rural, give location) <u>city</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hopkins Clinic</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Preston</u> b. (Middle) <u>Valentine</u> c. (Last) <u>Hörner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6 1950</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. 14, 1876</u>
9. AGE (In years last birthday) <u>73</u>		if UNDER 1 YEAR Months <u>10</u> Days <u>22</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. a</u>			
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Hörner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-14-5100</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Hörner</u> ADDRESS <u>Holcomb Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u> <u>Coronary Heart Disease</u>  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. <u>U201</u>	
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)
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 <u>6:30-49, 19</u> to <u>1-6, 1950</u> , that I last saw the deceased alive on <u>1-6-50</u> , 19 <u>50</u> , and that death occurred at <u>4:50 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. S. Hopkins, M.D.</u> (Degree or title)		23b. ADDRESS <u>Dixon, Mo</u>	23c. DATE SIGNED <u>1-14-50</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 8 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkston, Mo R. 1</u>
DATE REC'D BY LOCAL REG. <u>1-14-50</u>	REGISTRAR'S SIGNATURE <u>Mo. Byron Sharp</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>215</u> ADDRESS <u>Lansing Funeral Home Campbell Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1210

RECEIVED JAN 18 1955

District Health Office No. \_\_\_\_\_

District File Number 150-4

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed Christina M. Larsen

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, M.

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.