

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5907

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived, if location: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Perry Twp</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Perry Twp</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>R-1 Bonne Terre</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARY</i> b. (Middle) <i>LUCRETIA</i> c. (Last) <i>HORTON</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 2, 1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>July 20, 1856</i>
9. AGE (In years last birthday) <i>93</i>		10. IF UNDER 1 YEAR: Months <i>7</i> Days <i>12</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Bonne Terre Mo</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Josiah C. Clark</i>		13b. MOTHER'S MAIDEN NAME <i>Rebecca Jane Hill</i>	14. NAME OF HUSBAND OR WIFE <i>Charles B. Horton</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Wallace Helber</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. ADDRESS <i>R-1 Bonne Terre Mo</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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.		<i>4280</i>	
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) <i>No</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Rural Perry St. Francois Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <i>February, 1947</i> , to <i>March 2, 1950</i> , that I last saw the deceased alive on <i>November 1, 1949</i> , and that death occurred at <i>1:00 P.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>David W. Taylor M.D.</i>		23b. ADDRESS <i>Bonne Terre, Missouri</i>	23c. DATE SIGNED <i>3-3-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>March 5, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bonne Terre</i>	24d. LOCATION (City, town, or county) (State) <i>Bonne Terre Mo</i>
DATE REC'D BY LOCAL REG. <i>Mar 4, 1950</i>	REGISTRAR'S SIGNATURE <i>Ether R. Bluff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Benham Hudgins</i>	ADDRESS <i>Bonne Terre Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-329

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

Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.