No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 5 1950

State File No. 11633

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 31

1020

1. PLACE OF DEATH
a. COUNTY: SHELBY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HUNNEWELL
c. LENGTH OF STAY (in this place): 3 64R
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HUNNEWELL MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SHELBY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HUNNEWELL 1020
d. STREET ADDRESS (If rural, give location): TOWN LIMITS.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): GEORGE
c. (Last): HORN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 23, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: MAY 22, 1882
9. AGE (In years last birthday): 67
If under 1 year: Months: 10 Days: 1
If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: HAGONS ETC.
11. BIRTHPLACE (State or foreign country): TINKEY PARK ILL
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: WILLIAM HORN
13b. MOTHER'S MAIDEN NAME: MARY SIPPEL
14. NAME OF HUSBAND OR WIFE: DIVORCED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 493-07-7014
17. INFORMANT'S SIGNATURE OR NAME: Lena M. Horn
ADDRESS: Hunnewell 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 2 Mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ — 15 YR

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BRONCHIAL ASTHMA — 30 YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV 12, 1949, *to* MAR 23, 1950, *that I last saw the deceased alive on* MARCH, 1950, *and that death occurred at* 6:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John H. Webb (Degree or title): D.M.D.
23b. ADDRESS: Monroe City Missouri
23c. DATE SIGNED: Mar 25, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/26/1950
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): HUNNEWELL MO

DATE REC'D BY LOCAL REG.: Mar-28-50
REGISTRAR'S SIGNATURE: Ada Garrison
25. FUNERAL DIRECTOR'S SIGNATURE: Ivan Funeral Home
ADDRESS: HUNNEWELL MO

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1957

RECEIVED APR 3 195

District Health Officer No.

District File Number 4-50

Date Filed APR 3 1950

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 Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.