.S. No. 300
EV. 10.48

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

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 12212

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 122

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Francis Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Scott, 1770
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sylvania /
d. STREET ADDRESS (If rural, give location): Rural Oran

**3. NAME OF DECEASED** (Type or Print)
a. (First): Henry
b. (Middle): Bennett
c. (Last): Horrell

**4. DATE OF DEATH** (Month) 4 (Day) 1 (Year) 1950

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 1-8-1901
**9. AGE** (In years last birthday): 49 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Self
**11. BIRTHPLACE** (State or foreign country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Horrell
**13b. MOTHER'S MAIDEN NAME**: Mary Elfrank
**14. NAME OF HUSBAND OR WIFE**: Pauline Horrell

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Pauline Horrell — ADDRESS: Oran, 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) Encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 10-24-49

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Virus Encephalitis (?)
DUE TO (c) XX

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* GU Tract infection — 782X

**19a. DATE OF OPERATION**: XX
**19b. MAJOR FINDINGS OF OPERATION**: XX
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): XX
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): XX
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): XX
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): XX m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: XX

22. *I hereby certify that I attended the deceased from* October 24, 1949, *to* March 31, 1950, *that I last saw the deceased alive on* March 31, 1950, *and that death occurred at* 8:15 AM *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Albert M. Cates M.D.
**23b. ADDRESS**: 714 Broadway, Cape Girardeau, Mo. — 714-Bd-Way Cape Gir Mo
**23c. DATE SIGNED**: 4-5-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4-5-1950
**24c. NAME OF CEMETERY OR CREMATORY**: New Guardian Angel Cemetery
**24d. LOCATION** (City, town, or county) (State): Oran Missouri

**DATE REC'D BY LOCAL REG.**: 4-10-1950
**REGISTRAR'S SIGNATURE**: C. C. Summers 44
**25. FUNERAL DIRECTOR'S SIGNATURE**: Earl J. Smith — ADDRESS: Oran, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 27 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-565

## 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, ~~XXX~~ .....

working under my personal supervision.

Student Embalmer No. .....

Signed Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oran, Missouri

Signed .....
Student Embalmer

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.