

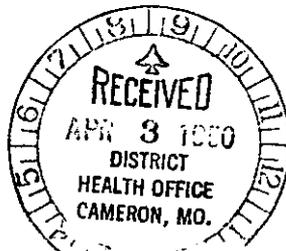
FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13948**
Registrar's No. **76**

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4371		Registrar's No. 76		
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmo		c. LENGTH OF STAY (in this place) 48 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmo		d. STREET ADDRESS (If rural, give location) none		
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home								
3. NAME OF DECEASED (Type or Print) a. (First) ALEXANDER			b. (Middle) JACKSON		c. (Last) HORN		4. DATE OF DEATH (Month) (Day) (Year) 3 17 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2/15/52	9. AGE (In years last birthday) 98	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Alexander Jackson Horn			13b. MOTHER'S MAIDEN NAME Susan Elizabeth Adams		14. NAME OF HUSBAND OR WIFE Elizabeth Honecker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clark Horn, Elmo, Missouri				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Old age 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.					INTERVAL BETWEEN DEATH AND EXAMINATION 7 hrs 4222	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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 <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 Jan 1, 1950 , to March 17, 1950 , that I last saw the deceased alive on Jan 1, 1950 , and that death occurred at 5 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) R. E. Dannon M. D.				23b. ADDRESS Elmo, Missouri		23c. DATE SIGNED 3/25/50		
24a. BURIAL CREMATION REMOVAL (Specify) burial		24b. DATE 3/19/50		24c. NAME OF CEMETERY OR CREMATORY Lamar		24d. LOCATION (City, town, or county) (State) Elmo, Missouri		
DATE REC'D BY LOCAL REG. 3-31-50		REGISTRAR'S SIGNATURE Bess Holtz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.				

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



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 *Robert L. Senter*

Licensed Embalmer No. *4782*

P. O. Address *Maryville, 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.