

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14290

State File No.

0940
140

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>607L</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>			
b. CITY OR TOWN <u>ROSAW MARION TWP.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>RURAL MARION TWP.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRENCH VILLAGE MO</u>				d. STREET ADDRESS (If rural, give location) <u>FRENCH VILLAGE 0940</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>LEONADUST</u>		c. (Last) <u>HORN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 30, 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>JULY 29, 1879</u>	
9. AGE (in years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>RI BONNE TERRE MO</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM FRANKLIN HORN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH NEWBY</u>	
13c. NAME OF HUSBAND OR WIFE <u>FLORENCE HORN</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Stacene Horn</u>		17. ADDRESS <u>French Village Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.				443X	
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)		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>7-10</u> , 19 <u>48</u> , to <u>April 30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-20</u> , 19 <u>50</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>St. Lorraine</u> (Degree or title)				23b. ADDRESS <u>Farmington Mo</u>		23c. DATE SIGNED <u>5-25-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHARTER</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 3, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benkenhills Bonnedue</u> ADDRESS <u>Mo</u>			

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

MAY 12 1950

RECORDED
MAY 8 1950
HEALTH OFFICE No. 4
550-666

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. Playcoll

Licensed Embalmer No. 5706

P. O. Address Lawrence, Kansas

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.