

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25997

0070

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

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY OR TOWN RICH HILL.		c. CITY OR TOWN RICH HILL.	
c. LENGTH OF STAY (in this place) 73 yrs		d. STREET ADDRESS (If rural, give location) 111 WEST PARK AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 WEST PARK AVE.		e. STREET ADDRESS (If rural, give location) 111 WEST PARK AVE.	
3. NAME OF DECEASED (Type or Print) a. (First) ROXIE		b. (Middle) ODELL	
c. (Last) HORNE		4. DATE OF DEATH (Month) (Day) (Year) SEPT-3-1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV-8-1871
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) MOBERLY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME THOMAS P. MEALS.	13b. MOTHER'S MAIDEN NAME ELIZA OWEN.	14. NAME OF HUSBAND OR WIFE WM. HORNE.	
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. Wm. Horne - Rich Hill, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial disease ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 43x
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 15 , 19 48 , until Sept 3 , 19 50 , that I last saw the deceased alive on Sept 3 , 19 50 and that death occurred at 6:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Donald G. Allen M.D.		23b. ADDRESS Rich Hill, Mo.	23c. DATE SIGNED Sept 5 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT-5-1950	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN	24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI
DATE REC'D BY LOCAL REG. Sept. 5. 1950	REGISTRAR'S SIGNATURE Mrs. Edna Douglas	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Booth Funeral Home - Rich Hill, Mo.	

RECEIVED
DISTRICT HEALTH OFFICE NO
District File Number _____
Date Filed 9/2/50

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 Harvey K. Hill

Licensed Embalmer No. 4743

P. O. Address Butler, 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.