

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29215

BIRTH NO. _____ REG. DIST. NO. 386 PRIMARY REG. DIST. NO. 5199 Registrar's No. 11

0170

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Tina, RFD	c. LENGTH OF STAY (in this place) 84	c. CITY (If outside corporate limits, write RURAL and give township) Tina, RFD	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 4 M. S W Tina		d. STREET ADDRESS (If rural, give location) RFD #1.	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) JANE c. (Last) HORNING	4. DATE OF DEATH (Month) (Day) (Year) Aug 30 1950			
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single ()	8. DATE OF BIRTH Mar. 19, 1860	9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 5 DAY 11 IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sullivan Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOHN HORNING	13b. MOTHER'S MAIDEN NAME MARY ACKERMAN	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Wesley Waitman, Bogard, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4 2 2 2

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 **March**, 1950, to **Aug 30**, 1950, that I last saw the deceased alive on **Aug 29**, 1950, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Ervold T. Smith M.D.	23b. ADDRESS 9037. Main Carrollton Mo	23c. DATE SIGNED 9/2/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ()	24b. DATE 9/2/1950	24c. NAME OF CEMETERY OR CREMATORY VahHorn
24d. LOCATION (City, town, or county) (State) Tina, Missouri.		

DATE REC'D BY LOCAL REG Sept. 4-1950	REGISTRAR'S SIGNATURE Ernie Street	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Mo.
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FEB 14 1957

FEB 15 1957

SEP 20 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 Clifford W. Feuster

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.