

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31317

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>700 South Carolina</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 South Carolina</u>			
3. NAME OF DECEASED a. (First) <u>CLARENCE</u> (Type or Print)		b. (Middle) <u>HILL</u> c. (Last) <u>HORNEY</u>	
4. DATE OF DEATH <u>Sept 15, 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>May 10, 1881</u>	
9. AGE (In years) (If under 1 year, last birthday) <u>69</u>		10. MONTHS <u>4</u> DAYS <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Grocer-Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara Horney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clara Horney</u>		ADDRESS <u>Louisiana, Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial decompensation</u> 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. <u>422a</u>	
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) (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 <u>SEPT. 7, 1944</u> , to <u>SEPT 15, 1950</u> , that I last saw the deceased alive on <u>SEP 15, 1950</u> , and that death occurred at <u>10:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <u>J. L. Biggs</u>		23b. ADDRESS <u>Louisiana</u>	
23c. DATE SIGNED <u>9/16/50</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 17, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/17/1950</u>		REGISTRAR'S SIGNATURE <u>Berniece Colliero</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Haley Martuary</u>		ADDRESS <u>Louisiana, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Received: SEP 25 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-4
Date Filed: SEP 26 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana, 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.