

FILED APR 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9293

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

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (in this place) 5 year		d. STREET ADDRESS (If rural, give location) 919 Center	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leverong			

3. NAME OF DECEASED (Type or Print) a. (First) Annie Muldrow Hornback b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 1, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 9, 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Rennselear Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME John Muldrow		13b. MOTHER'S MAIDEN NAME Mary Roades		14. NAME OF HUSBAND OR WIFE Dr. E. T. Hornback	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Roger Hibbard Hannibal 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Rheumatoid Arthritis.</i>			INTERVAL BETWEEN ONSET AND DEATH 10 yrs

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. <i>Arterial Pneumonia</i>		2 weeks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7220		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 11-8-47, 19__, to 4-1-51, 19__, that I last saw the deceased alive on 4-1-51, 19__, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS M.D. 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 4-3-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/3/1951	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. 4-4-51		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 7 1951
CO. HEALTH DEPT.
DATE FILED APR 10 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John S. Evans*.....

Licensed Embalmer No. 4540.....

P. O. Address Hannibal 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.