

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11714**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fisk Mo. Route 1</u> <u>0120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Ash Hill Township</u>	

3. NAME OF DECEASED
(Type or Print) a. (First) Sarah b. (Middle) Norman c. (Last) Horn

4. DATE OF DEATH (Month) (Day) (Year) April 9, 1951

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 6, 1889</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>61</u> <u>4</u> <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Stoddard Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME Herman Norman 13b. MOTHER'S MAIDEN NAME Mary Seilert 14. NAME OF HUSBAND OR WIFE Marion Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marion Horn Fisk Mo. Route 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism at bifurcation of abdominal aorta.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hangry's Cholecystitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Operation - Cholecystotomy 26 April 51

INTERVAL BETWEEN ONSET AND DEATH 1 day

19a. DATE OF OPERATION 2 April 51 19b. MAJOR FINDINGS OF OPERATION Hangry's Cholecystitis; Multiple stones 20. AUTOPSY? YES NO

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) 584 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 April, 1951 to 9 April, 1951, that I last saw the deceased alive on 9 April, 1951, and that death occurred at 6:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Johnson MD 23b. ADDRESS 321 Oak Poplar Bluff Mo 23c. DATE SIGNED 12 April 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 11, 51 24c. NAME OF CEMETERY OR CREMATORY Rombauer 24d. LOCATION (City, town, or county) (State) Rombauer Mo.

DATE REC'D BY LOCAL REG. April 17 1951 REGISTRAR'S SIGNATURE Wm. H. Johnson 428 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank - Cotrell Poplar Bluff Mo.

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

124
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RECEIVED

APR 13 1951

BUTLER CO. HEALTH CENTER

FILE No.

451-165

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

George W. Greer

Signed.....
Student Embalmer

Licensed Embalmer No. 2964

P. O. Address

Butler Bluff

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.