

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12031

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 14-1951

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cuba, Santa Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>XXX Cuba, 0280</u>	
c. LENGTH OF STAY (in this place) <u>2 Years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>at Home</u>		No Street Address	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert J. Horsefield</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4/10/1951</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>Nov. 10, 1883</u>
9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (State or foreign country) <u>Catawissa, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Greeting Card</u>	13a. FATHER'S NAME <u>Robert J. Horsefield</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda McDaniel</u>	14. NAME OF HUSBAND OR WIFE <u>Malissa Horsefield</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>540 167455</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Malissa Horsefield, Cuba, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation Acidosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Pharynx</u> DUE TO (c) _____  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 checked="" type="checkbox"/>		<u>148X</u>	
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 <u>Apr 1, 1949</u> to <u>Apr 10, 1951</u> , that I last saw the deceased alive on <u>Apr 6, 1951</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. A. Sellers, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cuba, Mo.</u>	
23c. DATE SIGNED <u>4-12-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4/13/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>
DATE REC'D BY LOCAL REG <u>4/13/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 372	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature], Cuba, Mo.</u>	

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

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 30 1951

RECEIVED

**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. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.