

FILED JUL 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23879

BIRTH NO. 23212-57 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 162

742

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

1. PLACE OF DEATH a. COUNTY <u>Wodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Clmo 0740</u>	
c. LENGTH OF STAY (In this place) <u>1 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>unnamed</u> b. (Middle) <u>Horan</u> c. (Last) <u>Horan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 30 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>0</u>	
8. DATE OF BIRTH <u>Apr 30-1951</u>		9. AGE (In years last birthday) <u>0</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	

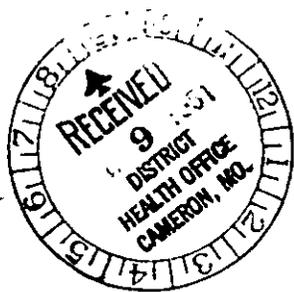
13a. FATHER'S NAME <u>Byron Horan</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs Inez Elina Daise</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Inez Elina Daise</u> ADDRESS <u>Clmo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES <u>Monstrosity - This leads; one lung - 4 upper + 4 lower extremities</u> DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Siamese Twins</u>		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>750X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	

22. I hereby certify that I attended the deceased from Apr 30, 1951, to Apr 30, 1951, that I last saw the deceased alive on Apr 30, 1951, and that death occurred at 3:20 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Marionville Mo</u>		23c. DATE SIGNED <u>Apr 15</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 2, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union 2 Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>		DATE REC'D BY LOCAL REG. <u>7-7-51</u>		REGISTRAR'S SIGNATURE <u>Bess Holtz</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>none</u>		ADDRESS <u>—</u>			



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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.