

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31073**

FILED OCT 5 1951

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 5939		Registrar's No. 165			
1. PLACE OF DEATH a. COUNTY. Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural-Cold Spring		c. LENGTH OF STAY (In this place) TOWNSHIP Yrs. 08/10		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Cold Spring twp.					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 mile East of Vida				d. STREET ADDRESS (If rural, give location) 1 mile East of Vida					
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle) ELIZABETH		c. (Last) HORN			
4. DATE OF DEATH		(Month) Sept.		(Day) 23,		(Year) 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 29, 1868			
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Redwing, Minnesota		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Werner		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John Horn					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Roy Horn					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease				ANTECEDENT CAUSES					
DUE TO (b) Nephritis				DUE TO (c) Old age					
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 593x						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) (Min.)		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 9-10-49 , 19___, to 9-23-51 , 19___, that I last saw the deceased alive on 9-23-51 , 19___, and that death occurred at 9 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE H.H. Davis M.D.				23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 26, 1951		24c. NAME OF CEMETERY OR CREMATORY Peace Lutheran		24d. LOCATION (City, town, or county) (State) Phelps Co., Mo.			
DATE REC'D BY LOCAL REG. Sept 25, 1951		REGISTRAR'S SIGNATURE Nadine L. Steels		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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: Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.