

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 893

0396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sydney	
c. LENGTH OF STAY (in this place) 8 Days		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) C. c. (Last) Horr			4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 2, 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mfg. Executive		11. BIRTHPLACE (State or foreign country) Ohio /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Reizin Creighton Horr		13b. MOTHER'S MAIDEN NAME E. Rebecca Cool		14. NAME OF HUSBAND OR WIFE X	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia H. Wood Rebenne	
				ADDRESS Ohio	

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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		ANTECEDENT CAUSES due to arteriosclerotic coronary thrombosis				8 days
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary atherosclerosis		DUE TO (b) Diabetes Mellitus				
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		DUE TO (c) Diabetes Mellitus				

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 260x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) none		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-10, 1951**, to **10-18, 1951**, that I last saw the deceased alive on **10-18, 1951** and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE William J. Dark (Degree or title)		23b. ADDRESS 609 Cherry Springfield Mo		23c. DATE SIGNED 10/18/51	
24a. BURIAL, CREMATION, REMOVAL removal		24b. DATE 10/20/51		24c. NAME OF CEMETERY OR CREMATORY UNKNOWN	
				24d. LOCATION (City, town, or county) (State) Sydney, Ohio	
DATE REC'D BY LOCAL REG. 10-19-51		REGISTRAR'S SIGNATURE W. E. Handly		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer	
				ADDRESS Springfield, Mo.	

2022 26 1824

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William J. Swadley

Licensed Embalmer No. 4875

P. O. Address Springfield

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.