

FILED JAN 7 1952

STANDARD CERTIFICATE OF DEATH

42146

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5654 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Lamar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lamar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>5500</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Seburn</u> b. (Middle) <u>Jewel</u> c. (Last) <u>Hortner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-26-1951</u>
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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>4-29-1876</u>	9. AGE (In years last birthday) <u>75</u> Months <u>6</u> Days <u>27</u>	10. AGE IN MONTHS (If under 1 year) _____	10. AGE IN HOURS (If under 1 month) _____	10. AGE IN MINUTES (If under 1 hour) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merch</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>	11. BIRTHPLACE (State or foreign country) <u>Greenfield Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>P.W. Hortner</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Alberta Hortner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alberta Hortner</u> ADDRESS <u>Miller Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Calori</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. <u>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 11-20, 1951, to 12-26, 1951, that I last saw the deceased alive on 12-26, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. Brumby</u> (Degree or title) _____	23b. ADDRESS <u>Miller Mo.</u>	23c. DATE SIGNED <u>12-27-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-28-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shilo</u>	24d. LOCATION (City, town, or county) (State) <u>N.E. of Miller Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-29-51</u>	REGISTRAR'S SIGNATURE <u>W. S. Brumby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris - Leiman</u> ADDRESS <u>Miller Mo.</u>
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.