

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **84**

FILED JAN 30 1952 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5033 Registrar's No. 17

0040

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

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain		
b. CITY OR TOWN Rural - Loutre		c. LENGTH OF STAY (in this place) 5 years	c. CITY OR TOWN Rural - Loutre		d. STREET ADDRESS (If rural, give location) 1 mile west of Martinsburg
3. NAME OF DECEASED (Type or Print) a. (First) LLOYD. b. (Middle) R. c. (Last) HORTON			4. DATE OF DEATH (Month) (Day) (Year) Jan. 18 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 16 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 6 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Callaway County, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME George B. Horton		13b. MOTHER'S MAIDEN NAME Lucy Boswell	14. NAME OF HUSBAND OR WIFE Mrs. Dollie Horton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dollie Horton ADDRESS		
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, ashenic, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) Callaway 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 July 1951 , to Jan. 18, 1952 , that I last saw the deceased alive on Jan. 16, 1952 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Willis H. Wallsville			23b. ADDRESS Willsville		23c. DATE SIGNED 1/19/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/20/52	24c. NAME OF CEMETERY OR CREMATORY Benton City Cemetery	24d. LOCATION (City, town, or county) (State) Benton City, Missouri	
DATE REC'D BY LOCAL REG. Jan-20-1952		REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE R. B. Heller ADDRESS Willsville		

two

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, on

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A B Wells

Licensed Embalmer No. 1588

P. O. Address Wellerille 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.