

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **905**

FILED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **36**

396

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield 1396	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 941 W. Poplar	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HOWARD c. (Last) HORTON			4. DATE OF DEATH (Month) (Day) (Year) 1-12-1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 6, 1870	9. AGE (In years last birthday) 82	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Webster Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Violet Horton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Max Horton Springfield, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Fracture intertrochanteric neck, of rt. femur		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES As for 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 15 hrs.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 133 E 9030 20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield, Greene, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (About) JAN 12, 1952 9^{am}	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? SLIPPED & FELL ON FLOOR AT HOME

22. I hereby certify that I attended the deceased from **1/17, 1952**, to **1/17, 1952**, that I last saw the deceased alive on **1/17, 1952** and that death occurred at **11:00 am.**, from the causes and on the date stated above.

23a. SIGNATURE Edward Marcus Mnd	23b. ADDRESS Woodrup, Bldg.	23c. DATE SIGNED 1/17/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-14-52	24c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery	24d. LOCATION (City, town, or county) (State) Webster Co. Missouri
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DATE REC'D BY LOCAL REG. 1-14-52	REGISTRAR'S SIGNATURE James R. ANOS	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co Spfld, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 Marcus

H.S. (Licensed Embalmer's Signature on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 40711

P. O. Address Spring Hill

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.