

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3892**

3892

FILED MAR 10 1952 *114* REG. DIST. NO. *10* PRIMARY REG. DIST. NO. *3002* Registrar's No. *36*

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Curryville Route 1 <i>0820</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If rural, give location) 5 miles west of Curryville	

3. NAME OF DECEASED (Type or Print) a. (First) Beverly	b. (Middle) Kay	c. (Last) Horton	4. DATE OF DEATH (Month) (Day) (Year) Feb 27, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 13, 1952	9. AGE (In years last birthday) 1 13 13	IF UNDER 1 YEAR 1 13	IF UNDER 2 HRS. 13
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Audrain Hospital, Mexico	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Archie Horton Junior	13b. MOTHER'S MAIDEN NAME Kathryn Butts	14. NAME OF HUSBAND OR WIFE
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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 Archie Horton Jr, Curryville, Mo.	ADDRESS
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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, 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) Acute Cardiac Dilatation		1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Viral pneumonia DUE TO (c) Secondary anemia		5 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			2 weeks

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 492X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2/24, 1952**, to **2/27, 1952**, that I last saw the deceased alive on **2/27, 1952**, and that death occurred at **10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas T. Joyce, M.D.	23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED 2/27/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 28, 1952	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia Missouri
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DATE REC'D BY LOCAL REG. Feb 27-1952	REGISTRAR'S SIGNATURE Blanche Neely	DEPUTY REGISTRAR'S SIGNATURE W. Waters	ADDRESS Vandalia, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

43

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.....

Body not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

William B. Waters

Signed.....

Student Embalmer

Licensed Embalmer No. *4169*

P. O. Address *Vandalia Missouri*

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.