

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13686

State File No.

FILED MAY 6 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 47

0730

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

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO RURAL</u>	c. LENGTH OF STAY (In this place) <u>4 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO RURAL</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>ROUTE # 5</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMRY</u> b. (Middle) <u>DEAN</u> c. (Last) <u>HORNBERGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 27 1952</u>		
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>SEPT. 30, 1877</u>	9. AGE (In years, months, days) <u>75</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED GROCERYMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HARRISONVILLE MO. A</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>U.K.</u>	13b. MOTHER'S MAIDEN NAME <u>U.K.</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Hornberger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Hornberger</u> ADDRESS <u>4201 NEOSHO MO.</u>

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 <u> sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 no attendant at death, 1952, to 1952, that I last saw the deceased alive on 1952, and that death occurred at 4201 m., from the causes and on the date stated above.

23. SIGNATURE <u>Melvin A. Bowman</u> (Degree or title) <u>M.D. (Ch.)</u>	23b. ADDRESS <u>114 W. 1st St. Neosho, Mo.</u>	23c. DATE SIGNED <u>April 28 1952</u>
24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	24b. DATE <u>APR 30 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FREDONIA CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>FREDONIA, KANSAS</u>		

DATE REC'D BY LOCAL REG. <u>4-30-52</u>	REGISTRAR'S SIGNATURE <u>Melvin A. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. O. CLARK-BIGHAM</u> ADDRESS <u>NEOSHO</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. ~~.....~~

District File Number 452-69

Date Filed 5-5-52

NEOSHO, MISSOURI

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

Jose O. Sullivan, Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho, 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.