U.S. No. 300
Rev. 10-48

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19115

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6189 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Taney County
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Taney County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ozark
d. STREET ADDRESS (If rural, give location) Ozark

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Ray c. (Last) Horst

4. DATE OF DEATH (Month) (Day) (Year) May 13, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH March 16, 1933
9. AGE (In years last birthday) 19 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles J. Horst Jr.
13b. MOTHER'S MAIDEN NAME Cuma G. ~~Steward~~ Stewart
14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean War
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles J. Horst Jr. Ozark, Mo.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Car accident
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 None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on Highway 76
21c. (CITY, TOWN, OR TOWNSHIP) Walnut Shade (COUNTY) Taney (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-13-52 8 45 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Broken Neck

22. I hereby certify that I attended the deceased from 5-13, 1952, to 5-13, 1952, that I last saw the deceased alive on 5-13, 1952, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE Harry Forsyth Coroner (Degree or title)
23b. ADDRESS Branson Mo
23c. DATE SIGNED 5-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 16, 1952
24c. NAME OF CEMETERY OR CREMATORY Forest ~~Hill~~ Ellis Cemetery
24d. LOCATION (City, town, or county) (State) Howell Co, Missouri

DATE REC'D BY LOCAL REG. 5-19-52
REGISTRAR'S SIGNATURE S E Cogswell
25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin ADDRESS Ozark, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 29 1967

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 T. B. Chaffin

Licensed Embalmer No. 2122

P. O. Address Ozark, 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.

19116-52

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Christian }

State File No. 47342

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 38

On this 2nd day of June, 1952, before me appears Mrs Cuma G. Horst, who, upon her oath, states that the original record of birth-death for Arthur Ray Horst, died ~~born~~ May 13th, 1952, in the State of Missouri, and which was filed at Branson, Missouri on May 19, 1952 should be corrected as follows:

Item No. 13 B should read Cuma G. Stewart
Instead of Cuma G. Steward

Item No. 24 C should read Forest Dell Cemetery
Instead of Forest Hill Cemetery

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Cuma G. Horst Mother
Relationship.

Ozark, Missouri
Present Address.

Subscribed and sworn to before me this 2nd day of June, 1952.

My Commission expires Dec 1 1955 D Howard Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-1-15-42
X31340