

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21662**

FILED JUN 23 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington		b. COUNTY St. Francois	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Farmington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 605 N. Washington		d. STREET ADDRESS (If rural, give location) 605 N. Washington	

3. NAME OF DECEASED (Type or Print)	a. (First) Shelton	b. (Middle) Tait	c. (Last) Horn	4. DATE OF DEATH (Month) (Day) (Year) June 13 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan 17 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 26	IF UNDER 1 MIS. Hours 	IF UNDER 1 MIS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY retired businessman		11. BIRTHPLACE (City and State or Foreign Country) Hazel Run, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Robert Lee Horn	13b. MOTHER'S MAIDEN NAME Matilda Patterson	14. NAME OF HUSBAND OR WIFE none
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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 Miss Irene Lang	ADDRESS Farmington MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis of Colon - obstruction + hernia		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis & hypertension		
	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 4498	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from June 5, 1952 to June 13, 1952, that I last saw the deceased alive on June 13, 1952, and that death occurred at 6:10 P.M., from the causes and on the date stated above. (8:15 P.M.)

23a. SIGNATURE J. C. Williams, D.O.	(Degree or title)	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 6-14-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 15 1952	24c. NAME OF CEMETERY OR CREMATORY new Calvary	24d. LOCATION (City, town, or county) (State) Farmington Mo
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DATE REC'D BY LOCAL REG. June 15, 1952	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. H. COLEMAN	ADDRESS FARMINGTON MO
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(Licensed Embalmer's Statement on Reverse Side)

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

941

1941

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington,

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.