

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **23960**

FILED JUL 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4134 Registrar's No. 36

0250  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY OR TOWN <u>Plattsburg</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Gowee</u>		0250
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Quinn Rest Home</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sadie</u> b. (Middle) <u>Ellen</u> c. (Last) <u>HORN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr 13 1877</u>	9. AGE (In years) (Months) (Days) <u>74 10 29</u>	10. UNDER 1 YEAR Hours Min. <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>E.M. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Emmaline Tucker</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>X NONE</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Earl Goucher 3805 E 18th Per Ave Kansas City 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cirrhosis of liver</u> DUE TO (c) <u>acute intestinal inf.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>several years</u> <u>1 year</u> <u>July 11</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>578X</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) <u>Plattsburg Clinton Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>July 11, 1952</u> , to <u>July 12, 1952</u> , that I last saw the deceased alive on <u>July 12, 1952</u> , and that death occurred at <u>5:00 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>R.W. Hayward D.O.</u> (Degree or title)			23b. ADDRESS <u>Plattsburg Mo.</u>		23c. DATE SIGNED <u>July 14</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Co. MO.</u>		
DATE REC'D BY LOCAL REG. <u>July 14, 1952</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Seaver</u> <u>441-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D. D. Lyon Plattsburg, MO.</u>		

**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 Danell W. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.