

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
840

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 840

0396

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>San Diego</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>San Diego</u> <u>8043</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>3481 Pickett Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 Concord Avenue</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROBERT</u>	b. (Middle) <u>VERNON</u>	c. (Last) <u>HORN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 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>11 June 1924</u>	9. AGE (In years last birthday) <u>28</u>	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) <u>Mgr. Repair shop</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elec. appliances Billings, Missouri</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U.S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>

13a. FATHER'S NAME <u>Thomas F. Horn</u>	13b. MOTHER'S MAIDEN NAME <u>Lurley M. Wicks</u>	14. NAME OF HUSBAND OR WIFE <u>Norma Jean Horn</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W. 2</u>	16. SOCIAL SECURITY NO. <u>557-28-7444</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Norma J. Horn, Springfield, Missouri</u>	ADDRESS <u>816 Concord Avenue</u>
--	---	--	--------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound of head.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976 x</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Car in street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene Mo.</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-13-52 12:15</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gun shot wound of head</u>
---	--	---

22. I hereby certify that I attended the deceased from 12:15 to 12:15, that I last saw the deceased alive on 12:15, and that death occurred at 12:15 m., from the causes and on the date stated above.

22a. SIGNATURE <u>Dr. R. Allen Pickett, Coroner</u>	23a. ADDRESS <u>407 Medical Arts Bg.</u>	23b. DATE SIGNED <u>9-16-52</u>
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>17 Sept. 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri</u>
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>9-17-52</u>	REGISTRAR'S SIGNATURE <u>Earl Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Thomas</u>	ADDRESS <u>Springfield, Missouri</u>
--	---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Williams

NOV 17 1952

SEP 24 1952

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

Fred C. Thomas

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.