

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31427

State File No.

FILED OCT 6 1952

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4227 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY OR TOWN <u>Craig</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craig</u> <u>0440</u>	
c. LENGTH OF STAY (in this place) <u>52 years</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Craig, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Horn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 2, 1870</u>	9. AGE (In years) (last birthday) <u>81</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>On farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Peter Smith Horn</u>	13b. MOTHER'S MAIDEN NAME <u>Druzilla Hennis</u>	14. NAME OF HUSBAND OR WIFE <u>Jack Horn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>710-12-5593</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jake Raiser - Craig, Mo.</u>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH _____
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascular Renal Disease 1 year</u> 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 _____	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) <u>442X</u>
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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 April, 1952 to Sept, 1952, that I last saw the deceased alive on Sept 26, 1952, and that death occurred at 11:2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Burt M. Roe</u> (Degree or title) <u>D.O.P. Craig Mo.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>9/27/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>near Craig, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-29-52</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Schooner</u> ADDRESS <u>Craig, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Wilbur L. Scholes*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.