

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34117

State File No. 86

FILED NOV 5 1952

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 4009

022

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

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>13 yrs</u>		d. STREET ADDRESS (If rural, give location), <u>102 Francis, St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 Francis, St.</u>		d. STREET ADDRESS (If rural, give location), <u>102 Francis, St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>Hornecker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28, 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>Married</u>		8. DATE OF BIRTH <u>Aug. 16, 1880</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 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>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
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13a. FATHER'S NAME <u>George Hornicker</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Bessie Hornecker</u>		
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-36-0574</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bessie Hornecker Savannah, Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 Oct 26, 1952 to Oct 28, 1952 that I last saw the deceased alive on Oct 28, 1952 and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Asst. Kelley M.D.</u>		23b. ADDRESS <u>Savannah, Mo.</u>		23c. DATE SIGNED <u>Oct 30, 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oregon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>10-31-52</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. J. Rich Savannah, Mo.</u>	
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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.

Signed.....

Wm A Rich

Signed.....

Student Embalmer

Licensed Embalmer No. *4228*

P. O. Address *Swanwick, 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.