

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37971**

FILED DEC 10 1952

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 73

201

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

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		d. STREET ADDRESS (If rural, give location) <u>111 West Martin</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>111 West Martin</u>			d. STREET ADDRESS <u>111 West Martin</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Pickerson</u> c. (Last) <u>Hornbeck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4, 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>Nov. 8, 1879</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Hornbeck</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Hornbeck</u>	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Hornbeck - El Dorado Springs</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion, acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>4201</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)		
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>5 Dec</u> , 1952, to <u>4 Dec</u> , 1952, that I last saw the deceased alive on <u>4 Dec</u> , 1952, and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. H. Hill, M.D.</u>			23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>6 Dec 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u>	24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 6, 1952</u>	REGISTRAR'S SIGNATURE <u>For L. K. ...</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clarence Hornbeck - El Dorado Springs</u>		

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(Licensed Embalmers' Statement on Reverse Side)

70.

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 Max W. Dickering

Licensed Embalmer No. 46967

P. O. Address El Dorado Springs

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.