

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1288**BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 2

| | | | | | | | | | |
|---|--|--|--|---|---|--|--|---|-------------------------|
| 1. PLACE OF DEATH a. COUNTY Iron | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcedia Rural Route No. | | c. LENGTH OF STAY (in this place) 8 Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcedia Rural Route #1 0470 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) Arcedia RR#1 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Herigo | | | b. (Middle) Heinrich | | c. (Last) Horst | | 4. DATE OF DEATH (Month) (Day) (Year) I 16 53 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 2/20/1867 | | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming | | 11. BIRTHPLACE (State or foreign country) Long Grove Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME Johann Horst | | | 13b. MOTHER'S MAIDEN NAME Charlotte Peters | | 14. NAME OF HUSBAND OR WIFE Single | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Clemmons Belleville Ill. | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | | | | | | | |
| | ANTECEDENT CAUSES | | | | | | | | |
| | *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | | | | |
| | Morbid 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. | | | | | | | | |
| | 4201 | | | | | | | | |
| 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) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 1953, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE C. A. Howell | | | | 3 (Degree or title) Coroner | | 23b. ADDRESS Ironton, MO | | 23c. DATE SIGNED 1/21/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/24/53 | | 24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery | | 24d. LOCATION (City, town, or county) (State) Arcedia RR#1 | | | |
| DATE REC'D BY LOCAL REG. 1-23-53 | | REGISTRAR'S SIGNATURE Miss Lois Jones | | | 25. FUNERAL DIRECTOR'S SIGNATURE 128-6 | | ADDRESS HOWELL FUNERAL HOME IRONTON, MO | | |

(Licensed Embalmer's Statement on Reverse Side)

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

70
1

JAN 30 1953

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

C. R. Howell

Licensed Embalmer No. 3670

P. O. Address Ironton, 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.