

FILED APR 20 1953
CORRECTED COPYTHE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHCORRECTED COPY
State File No. 2082

BIRTH NO. _____		REG. DIST. NO. <u># 383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (in this place) <u>265 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbyrd</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1</u>			
3. NAME OF DECEASED (Type or Print) <u>Robert</u>		a. (First)		b. (Middle) <u>F.</u>		c. (Last) <u>Horner</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1953</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>Mar. 6, 1901</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hornersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Wesley Horner</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Watters</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvia Horner</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. <u>554-20-6299</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Wilson Peck, Mt. Vernon, Mo.</u> ADDRESS _____			
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>acute yellow atrophy of liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>abt. 10 days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>compatable with infectious hepatitis</u>					
		OR DUE TO (c) <u>homologous serum hepatitis</u>				<u>092XA</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Hemorrhagic pancreatitis</u>					
		<u>Pulmonary tuberculosis</u>				abt. <u>5 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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>4-23-</u> , 19 <u>52</u> , to <u>1-14-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-14-</u> , 19 <u>53</u> , and that death occurred at <u>9:20a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. A. Brashe M.D.</u>				23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>1-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Paragould, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>1-15-53</u>		REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Fossett, Mt. Vernon, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Department on Reverse Side)

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

Corrected 4-18-53

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.....

Licensed Embalmer No.....

P. O. Address.....

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.