

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2402**

9
FILED JAN 26 1953
BIRTH NO. _____ REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **4394** Registrar's No. **6**

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

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ANDRAW	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bakersfield, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladonia, Mo. 1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy 101-Accident		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Robert c. (Last) Horton			4. DATE OF DEATH (Month) (Day) (Year) 1-20-1953		
5. SEX M-0		6. COLOR OR RACE F		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
8. DATE OF BIRTH 3-11-1927		9. AGE (In years last birthday) 25		10. IF UNDER 1 YEAR Days _____ If UNDER 1 Mth. Hours _____ Mth. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) Paynesville, Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Erwin Henry Horton		13b. MOTHER'S MAIDEN NAME Beulah Hudson		14. NAME OF HUSBAND OR WIFE Martha Horton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War II		16. SOCIAL SECURITY NO. 494-22-3612		17. INFORMANT'S SIGNATURE OR NAME Erwin H Horton 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) Burned to death			INTERVAL BETWEEN ONSET AND DEATH INSTANT
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) TRUCK WRECKED			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____			

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.) STATE HY 101 HWY		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BAKERSFIELD OZARK MO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-20-53 1:00 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck overturned + Burned		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Johnnie Waskovsky 3 (Degree or title) Coroner			23b. ADDRESS Gainesville, Mo		23c. DATE SIGNED 1-20-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-20-53		24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		24d. LOCATION (City, town, or county) (State) Vandalia, Mo.	
DATE REC'D BY LOCAL REG. 1-24-53		REGISTRAR'S SIGNATURE Thane Mahan		25. FUNERAL DIRECTOR'S SIGNATURE Chas. H. H. Jones		ADDRESS Genoa, Mo	

MAR 10 1952

Not embalmed, Buried to death, just toes remained.

JAN 20 1952

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 John R. Usrey

Licensed Embalmer No. 4885

P. O. Address Coatesville, 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.