

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2797
State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 26

940
1

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins</u>		c. LENGTH OF STAY (in this place) <u>074</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LYNN</u>	b. (Middle) <u>ALBERT</u>	c. (Last) <u>HORTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-19-1953</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>March-11-1894</u>	9. AGE (In years last birthday) <u>58</u>	10. MONTHS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lead</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francois Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Horton</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Jane Denton</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Horton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>War # 1</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Steve Kennedy, Elvins, Mo</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>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u> <u>4 years</u>
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) <u>NA</u>	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>Mar. 9, 1949</u> , to <u>Jan 14, 1953</u> , that I last saw the deceased alive on <u>Jan 14, 1953</u> , and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Bryan H. Taylor MD</u>			23b. ADDRESS <u>Flat River, Mo</u>		23c. DATE SIGNED <u>1-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan-21-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memo</u>	24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 23, 1953</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home</u>	ADDRESS <u>Flat River, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 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 *Wm. J. Spinks* _____

Licensed Embalmer No. *4256* _____

P. O. Address *Flat River, 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.