

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17871**

FILED JUN 15 1953

BIRTH NO. _____		REG. DIST. NO. 144	PRIMARY REG. DIST. NO. 5562	Registrar's No. 13
1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Iron		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arcadia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arcadia		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Home for Aged Baptists		d. STREET ADDRESS (If rural, give location) 1 1/2 mi East on Highway 70		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Horton		4. DATE OF DEATH (Month) (Day) (Year) May 31, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 28, 1861	9. AGE (In years last birthday) 92 UNDER 1 YEAR Months 6 Days 3 IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Day laborer		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Washington Co. - O	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Horton		13b. MOTHER'S MAIDEN NAME Margaret Kyme	14. NAME OF HUSBAND OR WIFE Jane Tallock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John Beerney ADDRESS Ironton Mo	
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) valvular heart deficiency ANTECEDENT CAUSES 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.		INTERVAL BETWEEN ONSET AND DEATH
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)		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 May 4, 1953 to May 9, 1953 , that I last saw the deceased alive on May 24, 1953 , and that death occurred at 9 P.M. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) C. M. Tallock M.D.		23b. ADDRESS Lesterville Mo	23c. DATE SIGNED 6/1/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-2-53	24c. NAME OF CEMETERY OR CREMATORY Flat River Cemetery	24d. LOCATION (City, town, or county) (State) Flat River Mo.	
DATE REC'D BY LOCAL REG. 6-12-53	REGISTRAR'S SIGNATURE McGraw Jones	25. FUNERAL DIRECTOR'S SIGNATURE Books Funeral Home ADDRESS Flat River Mo		

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

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 Annell J. White

Licensed Embalmer No. 3012

P. O. Address Quitaruco

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.