

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27536**

FILED **AUG 13 1953**

BIRTH NO. _____		REG. DIST. NO. 367		PRIMARY REG. DIST. NO. 4537		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY WASHINGTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WASHINGTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IRONDALE		c. LENGTH OF STAY (In this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IRONDALE		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION IRONDALE				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WESLEY c. (Last) HORTON			4. DATE OF DEATH (Month) (Day) (Year) AUG 5 1953				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 8, 1886		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) SUNLIGHT, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME ALEC HORTON		13b. MOTHER'S MAIDEN NAME EMILY FORRESTER		14. NAME OF HUSBAND OR WIFE MARTHA HORTON			
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. 489-18-0783	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MARTHA HORTON IRONDALE, 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* Congestive heart failure - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic diffuse glomerulonephritis DUE TO (c) Essential hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 weeks 3-4 yrs 5 yrs
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) Irondale, Washington, Missouri		592X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Aug 4, 1950, to Aug 5, 1953 , that I last saw the deceased alive on July 31, 1953 , and that death occurred at 6:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. Zappan, D.O. (Degree or title)				23b. ADDRESS Flap River		23c. DATE SIGNED 8/6/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 7, 1953	24c. NAME OF CEMETERY OR CREMATORY BIG RIVER Cemetery		24d. LOCATION (City, town, or county) (State) IRONDALE, MISSOURI		
DATE REC'D BY LOCAL REG. 8/8/53		REGISTRAR'S SIGNATURE Irene Eichenberger 338		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bert L. Boyer Leadwood Mo.			

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

AUG 12 1962

RECEIVED

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WASH. COUNTY HEALTH DEPT.

File No. 853-562

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address. Leadwood, 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.