

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42000**

FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Watson	
c. LENGTH OF STAY (in this place) 14 hrs.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION airfax Community Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Elizabeth c. (Last) Horn			4. DATE OF DEATH (Month) (Day) (Year) 12-27-1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-10-1863
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR: Months 2 Days 10	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Tennessee
13a. FATHER'S NAME John Q. Brown		13b. MOTHER'S MAIDEN NAME Cleta Sliger	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lillie Hall, Watson, 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X	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 Aug. , 1953, to Dec 27 , 1953, that I last saw the deceased alive on Dec 27 , 1953, and that death occurred at 1 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wallace Carpenter MD		23b. ADDRESS Rock Port Mo	23c. DATE SIGNED 12-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-30-1953	24c. NAME OF CEMETERY OR CREMATORY HighCreek Cem.	24d. LOCATION (City, town, or county) (State) Watson, Mo.
DATE REC'D BY LOCAL REG. Dec 30, 1953	REGISTRAR'S SIGNATURE Harwin S. Schuler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ARTHOLOMEW MORTUARY, ROCKPORT, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 23 1956

DEC 1 1956
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 Girt Berntson

Licensed Embalmer No. 3173

P. O. Address Road Pt. Ms.

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.