

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42569**

FILED DEC 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1119-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u> <small>Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/></small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>512 Benton</u> <u>0396</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samantha</u> b. (Middle) <u>G.</u> c. (Last) <u>Horn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>17</u> <u>53</u>		
---	--	--	---	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>3 Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-3-72</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____	IF UNDER 12 HRS. Hours _____
-----------------	---------------------------------	---	--------------------------------	---	------------------------------	------------------------------

10a. USUAL OCCUPATION (Type kind of work done during most of working life even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nixa Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
---	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>Solomon Wisener</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George Horn</u>	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robbie Horn</u> ADDRESS <u>512 Benton</u>	
---	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH _____ 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.	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4222</u>	
--	--	--	--	---	--

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 Dec 16, 1952, to Dec 17, 1952, that I last saw the deceased alive on Dec 17, 1952, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leman H. Brown M.D.</u>		23b. ADDRESS <u>307 1/2 College</u>		23c. DATE SIGNED <u>12/19/53</u>	
---	--	-------------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Danforth Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Greene Co Mo</u>	
---	--	---------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>12-21-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.V. Smith</u> ADDRESS <u>602 N. Jefferson</u>	
--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... *Herbert V. Smith* .....

Licensed Embalmer No. *4286*.....

P. O. Address *Springfield*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.