

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43693**

FILED JAN 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **4344** Registrar's No. **72**

0700  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <b>Missouri</b> COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>McKittrick, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>McKittrick, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b>	b. (Middle)	c. (Last) <b>Hord</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 26th 1953</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 30th 1890</b>	9. AGE (In years last birthday) <b>63</b>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Wainwright, Mo.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Nathan Hord</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Robinson</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Hord</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>702-10-1491</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Russell Hord Hermann, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GENERALIZED CARCINOMATOSIS</b>		DUE TO (b) <b>ADENOCARCINOMA of stomach</b>		<b>6 mos</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		

19a. DATE OF OPERATION <b>11-23-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>GENERALIZED CARCINOMATOSIS 151X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-25, 1953**, to **12-26, 1953**, that I last saw the deceased alive on **12-26, 1953**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George M. Workman M.D.</b>	23b. ADDRESS <b>HERMANN, MO</b>	23c. DATE SIGNED <b>12-28-53</b>
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24a. BURIAL (CREMATION, REMOVAL (Specify)) <b>Burial</b>	24b. DATE <b>Dec 29-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Louisa Island</b>	24d. LOCATION (City, town, or county) (State) <b>Near McKittrick, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-29-1953</b>	REGISTRAR'S SIGNATURE <b>Mrs. Eunice Bush</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Edw. J. ...</b>
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JAN 22 1950

JAN 22

**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         D B Baker        

Licensed Embalmer No.         3375        

P. O. Address         Americus, 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.