

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44874
Registrar's No. 38

FILED DEC 18 1953

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>	
c. LENGTH OF STAY (in this place) <u>24 HRS</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRIS</u> b. (Middle) <u>LOUIS</u> c. (Last) <u>HORRELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-9-1953</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>DEC. 2-1881</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>GLENNON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>

13a. FATHER'S NAME <u>HENRY HORRELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MARKET</u>		14. NAME OF HUSBAND OR WIFE <u>MARK HORRELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Mary Hanel</u> ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo-Cardial Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatoid Arthritis</u>		
	DUE TO (c) <u>Nephrosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cholecystitis</u> <u>Chronic Bronchitis</u>			

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) <u>7220</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Day 13, 1950, to Day 21, 1950, that I last saw the deceased alive on Day 22, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. M. Stevenson</u>	23b. ADDRESS <u>202.0674 Hirsch St.</u>	23c. DATE SIGNED <u>Dec. 10, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>12-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GUARDIAN ANGEL</u>
24d. LOCATION (City, town, of county) (State) <u>ORAN MO</u>		

DATE REC'D BY LOCAL REG. <u>12-12-53</u>	REGISTRAR'S SIGNATURE <u>Miss Paul Ruppelhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Stubb</u> ADDRESS <u>Chaffee Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1000

RECEIVED 12-15-53
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1253-269

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 C. J. Lohrey _____

Licensed Embalmer No. 3870 _____

P. O. Address Cape Girardeau, 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.