

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9181

State File No.

FILED MAR 16 1954

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper 11440</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Twin Groves</u> <u>Carl Junction, Mo</u>		c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>	c. CITY OR TOWN <u>Rural-Twin Groves</u> <u>Carl Junction</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RI</u>			e. STREET ADDRESS (If rural, give location) <u>RI</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Huron</u> c. (Last) <u>Horine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>9</u> <u>1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 31st, 1897</u>	9. AGE (In years last birthday) <u>56</u>	10. IF UNDER 1 YEAR Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mining Contracting</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Lebanon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>R. W. Horine</u>		13b. MOTHER'S MAIDEN NAME <u>May E. Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Wells Horine - Wife</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth Horine RI - Carl Jct.</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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensation - A-systole.</u> ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>
19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.) <u></u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u></u>				
22. I hereby certify that I attended the deceased from <u>Nov. 2, 1953</u> to <u>March 9, 1954</u> , that I last saw the deceased alive on <u>March 9, 1954</u> , and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Julius W. Koehler, M.D.</u>			23b. ADDRESS <u>905 Frisco Bldg.</u>		23c. DATE SIGNED <u>3/11/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/11/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lanle Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-11-'54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Jct, Mo.</u>		

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

RECEIVED **MAR 15 1954**
Jasper County Health Office
County File Number 54-3-311
Date Filed **MAR 15 1954**

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 J. Hawley E. Arnee

Licensed Embalmer No. 446

P. O. Address Well City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.