

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18597

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>578</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>4 Days</u>		c. CITY OR TOWN <u>Nixa</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>No Street Address</u> <u>02201</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LESLIE</u>		b. (Middle) <u>GLEN</u>		c. (Last) <u>HORN</u>	
4. DATE OF DEATH		Month <u>June</u>		Day <u>17</u>		Year <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>Jan. 17-1890</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Christian Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William T. Horn</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Larkin</u>		14. NAME OF HUSBAND OR WIFE <u>Mary M. Chapman, Horn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary M. Horn, Nixa, Missouri</u>			
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) <u>CYSTIC DISEASE OF LUNGS WITH EMPHYSEMA AND BRONCHOPNEUMONIA</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>ARTEROSCLEROTIC NEPHRITIS WITH UREMIA</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>25 YEARS APPROX.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>				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 <u>JAN 23, 1953</u> , to <u>JUNE 17, 1954</u> , that I last saw the deceased alive on <u>JUNE 17, 1954</u> , and that death occurred at <u>1155p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Blair O. Turner, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>6/8/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20-'54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rt. #1, Nixa, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-22-54</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Alan Harris</u> ADDRESS <u>Clever, Mo.</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 *John Dean Harris*.....

Licensed Embalmer No. *439*.....

P. O. Address *Cleveland, Ohio*.....

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.