

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19393

State File No.

FILED JUL 13 1954

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 87

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

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</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City, Mo</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>401 N. Webb St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hosp.</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Horine</u>		DATE OF DEATH (Month) (Day) (Year) <u>July 5 1954</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 27 1875</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 HR. Hours	11. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Richwood, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Horine</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Horine</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl Wynne Webb City Mo</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Recklessness</u>		<u>9 days</u>
	DUE TO (c) <u>Fracture (left) Surgical neck femur</u>		<u>9 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9020 21</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webb City Jasper Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 20 54 4am</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u> <u>049</u>
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22. I hereby certify that I attended the deceased from 6-26, 1954, to 7-5, 1954, that I last saw the deceased alive on 7-5, 1954, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Gregory</u>	(Degree or title) <u>Dr. J.</u>	23b. ADDRESS <u>Webb City, Mo.</u>	23c. DATE SIGNED <u>7/5-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 7 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-7-1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnce-Simoson Mortuary</u>	ADDRESS
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(Licensed Emballer's Statement on Reverse Side)

RECEIVED JUL 1 2 1954
Jasper County Health Office
County File Number ⁵⁻³⁰ JUL 1 2 1954
Date Filed.....

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 *James E. Lane*

Licensed Embalmer No. 4463

P. O. Address Web City, 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.