

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22540

State File No.

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 54-51

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u>	
c. LENGTH OF STAY (In this place) <u>50 years</u>		0290	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Horton Cleaning Shop</u>		d. STREET ADDRESS (If rural, give location) <u>607 College St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Leslie</u> c. (Last) <u>Horton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1954</u>		
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>Oct. 28, 1892</u>		9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>21</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cleaning Shop</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tailor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Issac Horton</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy York</u>	
14. NAME OF HUSBAND OR WIFE <u>Jennie Blanche Horton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John King Horton</u>		17. ADDRESS <u>Greenfield, Mo.</u>		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Gun shot wound left forehead.</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound left forehead.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <u>after death</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11/30</u> , 19 <u>50</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>W.R. Allison Coroner</u>		23b. ADDRESS <u>Greenfield, Mo.</u>	
23c. DATE SIGNED <u>7-21-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-22-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Greenfield, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	
25. ADDRESS <u>Greenfield, Mo.</u>		26. DATE REC'D BY LOCAL REG. <u>7-21-54</u>		27. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	

28. DATE REC'D BY LOCAL REG. <u>7-21-54</u>		29. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		30. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	
31. ADDRESS <u>Greenfield, Mo.</u>		32. DATE REC'D BY LOCAL REG. <u>7-21-54</u>		33. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	
34. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>		35. ADDRESS <u>Greenfield, Mo.</u>		36. DATE REC'D BY LOCAL REG. <u>7-21-54</u>	
37. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		38. ADDRESS <u>Greenfield, Mo.</u>		39. DATE REC'D BY LOCAL REG. <u>7-21-54</u>	

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43. ADDRESS <u>Greenfield, Mo.</u>		44. DATE REC'D BY LOCAL REG. <u>7-21-54</u>		45. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	
46. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>		47. ADDRESS <u>Greenfield, Mo.</u>		48. DATE REC'D BY LOCAL REG. <u>7-21-54</u>	
49. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		50. ADDRESS <u>Greenfield, Mo.</u>		51. DATE REC'D BY LOCAL REG. <u>7-21-54</u>	

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(Licensed Embalmer's Statement on Reverse Side)

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

0290

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 _____

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.