

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23912

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN SEDALIA	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1504 East 7th St.		e. STREET ADDRESS (If rural, give location) 1504 East 7th St. 080%	

3. NAME OF DECEASED (Type or Print) a. (First) MELVIN b. (Middle) H. c. (Last) HORNBECK			4. DATE OF DEATH (Month) (Day) (Year) July 19, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 17, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Potosi Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Cyrus Hornbeck	13b. MOTHER'S MAIDEN NAME Mary Shisae	13c. NAME OF HUSBAND OR WIFE Josephella Taylor Hornbeck
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Debrah Masbruch, Egypt
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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: (Signature) Cornary circulation		INTERNAL BETWEEN ONSET AND DEATH years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	DUE TO (b) Arteriosclerosis		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I ~~attended~~ ^{viewed} the deceased from Aug 19 Cornier, 1954, that I last saw the deceased alive on 7-19, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE Chas. Jordan Benfick	23b. ADDRESS West Cornier, Pettis Co.	23c. DATE SIGNED 7-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/22/54	24c. NAME OF CEMETERY OR CREMATORY New Lebanon	24d. LOCATION: (City, town, or county) (State) Atterville Mo
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DATE REC'D BY LOCAL REG. 7/29/54	REGISTRAR'S SIGNATURE Lawrence County, Dept. Health, Cornier, Sedalia, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE 251-C	ADDRESS Cornier, Sedalia, Mo.
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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 *Duane Ewing*.....

Licensed Embalmer No. *384*

P. O. Address *Sedalia*

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.