

FILED SEP 28 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29976

2

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

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>274</u>	c. CITY OR TOWN <u>Gilliam</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0970</u>			
3. NAME OF DECEASED (Type or Print) <u>Minerva</u>	a. (First)	b. (Middle) <u>MORA</u>	c. (Last) <u>HORNER</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>Apr 2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DK</u>	9. AGE (In years last birthday) <u>67</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Near Glasgow Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret</u>	13c. NAME OF HUSBAND OR WIFE <u>Lon Horner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>DK</u>		16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp #1</u> ADDRESS <u>Fulton Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma head the pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Jaundice</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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>9-19</u> , 19 <u>54</u> , to <u>9-20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-19</u> , 19 <u>54</u> , and that death occurred at <u>7:35 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. O. Roberts</u> (Degree or title)	23b. ADDRESS <u>State Hosp. No 1</u>	23c. DATE SIGNED <u>9-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-23-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>anatomical road</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 23-54</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Roberts</u> ADDRESS	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.