

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2250**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6075** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY OR TOWN Esther, Missouri		c. CITY OR TOWN Esther,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 0940	
3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Hayward c. (Last) Horton			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 3, 1871
9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 11 Days 2	IF UNDER 1 HR. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Belgrade, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Christopher Horton 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Minnie Horton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None.	
17. INFORMANT'S SIGNATURE OR NAME Pert Horton, Esther, Missouri ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia				4 days
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) Uremia		3 wks.
		DUE TO (c) Arteriosclerotic Kidney		2 yrs.
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"/>
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 **2-2, 1955**, to **2-5, 1955**, that I last saw the deceased alive on **2-4, 1955**, and that death occurred at **6:35A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. W. Morris, M.D.	23b. ADDRESS Elvins, Missouri	23c. DATE SIGNED Feb-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb-6-1955	24c. NAME OF CEMETERY OR CREMATORY Caledonia Cemetery	24d. LOCATION (City, town, or county) (State) Caledonia, Missouri
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DATE REC'D BY LOCAL REG. Feb 5, 1955	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPARKS FUNERAL Flat River, 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 *Murphy L. Spinks*.....

Licensed Embalmer No. *4236*

P. O. Address *300 Taylor Av
Flat River, M*

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.