

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11310

State File No. ....

FILED APR 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 4108 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stockton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stockton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>108 E. Jackson St.</u>		d. STREET ADDRESS (If rural, give location) <u>108 E. Jackson St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LONNIE</u>	b. (Middle) <u>CHARLES</u>	c. (Last) <u>HORNBECK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1955</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>Married</u>	8. DATE OF BIRTH <u>Aug. 28, 1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>John F. Hornbeck</u>	13b. MOTHER'S MAIDEN NAME <u>Missouri Young</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Hornbeck</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martha Hornbeck - Stockton, MO</u>	ADDRESS <u>Stockton, MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	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? <u>4201</u> YES <input type="checkbox"/> NO <input 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 the deceased from 4-5, 1955, to 4-6, 1955, that I last saw the deceased alive on 4-6, 1955 and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. B. Richter M.D.</u>	(Degree or title)	23b. ADDRESS <u>Stockton, Mo.</u>	23c. DATE SIGNED <u>4-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/9/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-16-55</u>	REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>	54-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Centra Funeral Home - Stockton, MO</u>	ADDRESS _____
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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 .....  
Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stoetzer, 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.