

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11971
1676

| | | | | | | | | |
|---|--|--|---|--|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>36 YEARS</u> | | c. CITY OR TOWN <u>Kansas City</u> | | 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 <u>Menorah Medical Center</u> | | | | STREET ADDRESS (If rural, give location) <u>5303 Charlotte</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>A.</u> c. (Last) <u>HORN, JR.</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1955</u> | | | | | |
| 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>JAN. 5, 1892</u> | | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>O.K. Coal Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville, Kentucky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>HARRY A. HORN</u> | | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>HATTIE JACOB HORN</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>487-09-9205</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. HATTIE J. HORN, 5303 CHARLOTTE</u> | | | | |
| 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) <u>UREMIA (clinical)</u> | | ANTECEDENT CAUSES | | | | | <u>1 month</u> | |
| *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) <u>CHRONIC PYELOPHRITIS</u> | | | | | <u>1 year</u> | |
| | | DUE TO (c) <u>ENLARGED PROSTATE</u> | | | | | <u>5 years</u> | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | <u>10/10X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) | | 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>April 10, 1955</u> , to <u>April 13, 1955</u> , that I last saw the deceased alive on <u>April 13, 1955</u> , and that death occurred at <u>9:50 A.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Jack W. Wolf</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>415 E. 63 Kansas City, Mo.</u> | | 23c. DATE SIGNED <u>4/15/55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>APRIL 15, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>4-15-55</u> | | REGISTRAR'S SIGNATURE <u>neva minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. F. Newcomer, Kansas City, Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Albert L. Savage*.....

Licensed Embalmer No. *H. 81*.....

P. O. Address *Honolulu*.....

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.