No. 300
10.48

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16257

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. [redacted] Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural --Green Twn
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN: Platte City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 4 mile N. Platte City

3. NAME OF DECEASED (Type or Print)
a. (First): Wesley C.
b. (Middle): [illegible]
c. (Last): Horton

4. DATE OF DEATH (Month) (Day) (Year): May 13, 1955

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 5, 1867
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: contracting
11. BIRTHPLACE (City and State or Foreign Country): Washington Co. Mo.
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: David Horton
13b. MOTHER'S MAIDEN NAME: Margaret Lane
14. NAME OF HUSBAND OR WIFE: Etta Stapp
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: Mrs. Louis Smither — **ADDRESS**: Platte City, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Thrombo-angitis Obliterans — 6 Mo.
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
332X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan *19*55*, to* May 14*, 19*55*; that I last saw the deceased alive on* May 14*, 19*55*, and that death occurred at* 8 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) D.C.
23b. ADDRESS: Weston, Mo.
23c. DATE SIGNED: 5-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-15-55
24c. NAME OF CEMETERY OR CREMATORY: Faucett Cemetery
24d. LOCATION (City, town, or county) (State): Faucett, Missouri

DATE REC'D BY LOCAL REG.: May 14. 55
REGISTRAR'S SIGNATURE: Orphie Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Vaughn Funeral Home Weston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1955
RECEIVED
PLATTE COUNTY
HEALTH DEPT
By

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. R. Vaugh.....

Licensed Embalmer No. 4 0.

P. O. Address Weston,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.