

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19433
Registrar's No. 175

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 175		
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Hannibal		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 921 A Center				e. STREET ADDRESS (If rural, give location) 921 A Center				
3. NAME OF DECEASED (Type or Print) a. (First) Cordelia			b. (Middle) McElroy		c. (Last) Hornback		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 10, 1869		
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Months 9		11. UNDER 4 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Ralls County, Missouri		
13a. FATHER'S NAME Blackburn McElroy			13b. MOTHER'S MAIDEN NAME Cordelia Finley			14. NAME OF HUSBAND OR WIFE Shelton M. Hornback		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. W. Boyer 921 A Center Hannibal			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal cell lesion of the face ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General debility of the aged progressive DUE TO (c) Cerebral arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X					INTERVAL BETWEEN ONSET AND DEATH 6 months 6 months 1 year	
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) m.		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 5-16-55, 19, to 6-10-55, 19, that I last saw the deceased alive on 6-10-55, 19, and that death occurred at 8:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) T. S. Gaultman M.D.				23b. ADDRESS 115 North 5th St. Hannibal, Mo.		23c. DATE SIGNED 6-13-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Hydesburg Cemetery		24d. LOCATION (City, town, or county) (State) Hydesburg, Missouri		
DATE REC'D BY LOCAL REG. 6-16-55		REGISTRAR'S SIGNATURE Dr. G. M. ...		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Hannibal, Missouri		

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

RECEIVED JUN 21 1955
MARION CO. HEALTH DEPT.
DATE FILED JUN 21 1955

MAY 29 1957

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 *H. Crawford Smith*

Licensed Embalmer No. *3814*

P. O. Address *Hamm*

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.