

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22767  
Registrar's No. 55

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL HIGHLAND		c. LENGTH OF STAY (in this place) XXXXX	c. CITY OR TOWN EWING
d. FULL NAME OF HOSPITAL OR INSTITUTION. XXXXXXXXXXXXXXXXXXXX		e. STREET ADDRESS (If rural, give location) 1 mile west Ewing	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) NORA	b. (Middle) ELIZABETH	c. (Last) HORSEMAN	(Month) AUG.	(Day) 1	(Year) 1955

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12/30/1874	9. AGE (In years last birthday) 80	10 UNDER 1 YEAR 7	11 UNDER 24 HRS. 1	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	11. BIRTHPLACE (City and State or Foreign Country) LA GRANGE, MO.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME WILLIAM HORSEMAN	13b. MOTHER'S MAIDEN NAME MARY DRESCHER	14. NAME OF HUSBAND OR WIFE WILLIAM HORSEMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. XXXXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME MRS. PENN MARKS EWING, MO.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Minutes
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism	DUPLICATE		
ANTECEDENT CAUSES	DUPLICATE		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE		
DUPLICATE	DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS	DUPLICATE		
Conditions contributing to the death but not related to the disease or condition causing death.	DUPLICATE		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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 Aug, 1952, to 1 Aug, 1955, that I last saw the deceased alive on 31 July, 1955, and that death occurred at DOR: m., from the causes and on the date stated above.

23a. SIGNATURE John W. Wills (Degree or title) Dr	23b. ADDRESS Lewistown Mo	23c. DATE SIGNED 4 Aug 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/3/55	24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN	24d. LOCATION (City, town, or county) (State) LEWISTOWN, MISSOURI
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DATE REC'D BY LOCAL REG. 8-5-55	REGISTRAR'S SIGNATURE P. W. Jennings	GENERAL DIRECTOR'S SIGNATURE M. D. Charles	ADDRESS Lewistown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 27 1955

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.....  
*Charles L. Arnold*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN

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.