

FILED SEP 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26603

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Independence</b> )		c. LENGTH OF STAY (in this place) <b>47 yrs</b>	c. CITY OR TOWN <b>Independence</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. Indep. Sanitarium</b>		e. STREET ADDRESS (If rural, give location) <b>427 N. Delaware</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Paul</b>	b. (Middle) <b>Covade</b>	c. (Last) <b>Horn</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept, 1, 1955</b>
---	---------------------------	-----------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 7, 1908</b>	9. AGE (in years) (by birthday) <b>47</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service station Mgr. Gas &amp; Oil</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gas &amp; Oil</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Independence Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	---	--

13a. FATHER'S NAME <b>Wilkie L. Horn</b>	13b. MOTHER'S MAIDEN NAME <b>Lillian I. Cunningham</b>	14. NAME OF HUSBAND OR WIFE <b>Helen Horn</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>490-09-1682</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Helen Horn</b>	ADDRESS <b>Independence, Mo.</b>
---	--	---	----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sunday</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis with Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b>		
	DUE TO (c) <b>Myocardial Infarction 1948</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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)	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 Nov. 1, 1954 to Sept. 1, 1955, that I last saw the deceased alive on Aug 31, 1955, and that death occurred at 11:46 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. T. Grooske, M.D.</b>	23b. ADDRESS <b>Independence, Mo.</b>	23c. DATE SIGNED <b>9/2/55</b>
--	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 3, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>9-3-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ott &amp; Mitchell</b>	ADDRESS <b>Independence Mo.</b>
--	--	--	---------------------------------

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

SEP 12 1934

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 Jason T. White

Licensed Embalmer No. 4925

P. O. Address Indef. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.