

FILED AUG 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27195

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>	c. LENGTH OF STAY (In this place) <b>7 Yrs.</b>	c. CITY OR TOWN <b>Rolla</b>	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 <b>16 Summit Drive</b>		STREET ADDRESS (If rural, give location) <b>16 Summit Drive</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HORACE</b>	b. (Middle) <b>READE</b>	c. (Last) <b>HORTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 22, 1955</b>
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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>Feb. 27, 1894</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>61</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Professor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri School of Mines</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Downers Grove, Illinois.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Martha E. Horton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no XX</b>	16. SOCIAL SECURITY NO. <b>493-10-7525</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Martha E. Horton, 16 Summit. Rolla Mo</b>	ADDRESS <b>Rolla Mo</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerotic Heart Disease</b>		<b>1 yr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignant Hypertension</b>		<b>5 yrs.</b>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Rolla Mo</b>
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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?
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22. I hereby certify that I attended the deceased from 1952, to Aug 22, 1955, that I last saw the deceased live on Aug 18, 1955, and that death occurred at 4:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James M. Myers M.D.</b>	23b. ADDRESS <b>Rolla, Mo</b>	23c. DATE SIGNED <b>8/22/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>Aug. 23, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>7800 St. Charles Rock Road, St. Louis, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 22, 1955</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Nulu &amp; Sons Funeral Home</b>	ADDRESS <b>Rolla Mo.,</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer

County File Number 206

Date Filed AUG 20 1955

JUN 11 1957

JUN 14 1956

AUG 13 1956

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 S. L. Milled .....  
Licensed Embalmer No. 330 .....  
P. O. Address Rolla .....

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.