

FILED DEC 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37460
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon, Hudson Twp</u>			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keosauqua, Iowa R.1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>R.1</u>			
3. NAME OF DECEASED (Type or Print) <u>Rudolph</u>		b. (Middle) <u>A</u>		c. (Last) <u>Horn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 14, 1896</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>7</u> <u>Glasco, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Lewis Horn</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Mrs. Bessie Horn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Horn, wife, Keosauqua</u>			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock due to Acute Pulmonary Embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u>	
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <u>Stasis Phlebothrombosis</u>						<u>2 years</u>	
DUE TO (c) <u>Arteriosclerosis</u> <u>466X</u>						<u>4 years</u>	
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. <u>Depression - endogenous</u>						<u>3 years</u>	
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) _____		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 <u>Oct. 25, 1955</u> to <u>Nov. 18</u> , 1955, that I last saw the deceased alive on <u>Nov. 18</u> , 1955, and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. H. Sall No.</u>				23b. ADDRESS <u>Still-Hildreth Sanatorium, Macon, Missouri</u>		23c. DATE SIGNED <u>Nov. 18, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/18/1955</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Keosauqua IOWA</u>	
DATE REC'D BY LOCAL REG. <u>Nov 21/55</u>		REGISTRAR'S SIGNATURE <u>Ruth M. ...</u>		OFFICIAL DIRECTOR'S SIGNATURE <u>R. ...</u>		ADDRESS <u>Macon, Mo.</u>	

Nov 18 1955

RECEIVED 12.5.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.55.186
Date Filed 12.6.55

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
Student Embalmer

Signed R. Lester Brun

Licensed Embalmer No. 4472

P. O. Address Macon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.