

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42200

FILED JAN 6 1956

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 1 month		c. CITY OR TOWN Bedfrey		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				e. STREET ADDRESS (If rural, give location) 812 S						
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT			b. (Middle) LEE		c. (Last) HORTON		4. DATE OF DEATH (Month) (Day) (Year) 12-24-55			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH Aug 12, 1905		9. AGE (In years last birthday) 50		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) transportation		10b. KIND OF BUSINESS OR INDUSTRY Box Co.		11. BIRTHPLACE (City and State or Foreign Country) Chesterfield, Ill.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Robert L. Hobton			13b. MOTHER'S MAIDEN NAME Lillie Adams			14. NAME OF HUSBAND OR WIFE Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Barbara Breitweiser, Godfrey, Ill.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC GRANULOCYtic LEUKEMIA						3 1/2 yrs.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES						
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
				DUE TO (b) _____						
				DUE TO (c) _____						
				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 204.1							20. AUTOPSY? YES <input type="checkbox"/> NO <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) (Min.)		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 4/3 1952 , to 12/24 1955 , that I last saw the deceased alive on 12/23 1955 , and that death occurred at 39 m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Harry Rogers M.D.				23b. ADDRESS 634 N. GRAND ST. LOUIS MO			23c. DATE SIGNED 12/30/55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-25-55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Medora, Ill.				
DATE REC'D BY LOCAL REG. DEC 30 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Warner, Medora, Ill.					
m.j.b. (Licensed Embalmer's Statement on Reverse Side)										

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

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 *Ronald O. Yahub*.....

Licensed Embalmer No. *391*.....

P. O. Address *St. Louis*.....

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.