

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3455**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. LENGTH OF STAY (In this place) 3 Yrs.	c. CITY OR TOWN Marshall
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 669 W. Summitt		0970	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) - c. (Last) Horman			4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1956		
5. SEX Male (6. COLOR OR RACE White)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 3-1864	
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months 10 Days 22		IF UNDER 24 HRS. Hours 1 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Farm Work		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Hanover-Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. NAME OF HUSBAND OR WIFE			

13a. FATHER'S NAME Frederick Horman		13b. MOTHER'S MAIDEN NAME Wilhelmina Engelman		14. NAME OF HUSBAND OR WIFE	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.H. Horman-Marshall, Missouri	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation			INTERVAL BETWEEN ONSET AND DEATH 18 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease			5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Bronchopneumonia			4 days

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)	
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 **1953**, to **Jan 25, 1956**, that I last saw the deceased alive on **Jan 25, 1956**, and that death occurred at **8:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wawin E. Roche M.D. (Degree or title)		23b. ADDRESS Marshall, Mo		23c. DATE SIGNED 1/26/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/28/56		24c. NAME OF CEMETERY OR CREMATORY Concordia Lutheran Cem	
24d. LOCATION (City, town, or county) (State) Concordia, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Leslie Surrency - Marshall, Mo.			

DATE REC'D BY LOCAL REG. Jan 27-56		REGISTRAR'S SIGNATURE Cecil J. Peck, Deputy		385-3	
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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..... *J. Leelan Sussan*

Licensed Embalmer No. *323*

P. O. Address *M. arsh*

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.