

FILED APR 2 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **9628**

BIRTH NO.		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. LENGTH OF STAY (in this place) 7 mos.		c. CITY OR TOWN Mayview		d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lexington Memorial Hospt.				e. STREET ADDRESS (If rural, give location) Main Street 0540			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Grant		c. (Last) Horton		4. DATE OF DEATH (Month) (Day) (Year) March 26, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, DIVORCED (Specify)		8. DATE OF BIRTH May 2, 1903	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY employee		11. BIRTHPLACE (City) Big Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME E.R. Horton			13b. MOTHER'S MAIDEN NAME Ida M. Boedecker			14. NAME OF HUSBAND OR WIFE None	
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 Ralph Horton, Mayview, Mo.			
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) Posterior Coronary thrombosis 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. Myxadenomatous Thyroid.				INTERVAL BETWEEN ONSET AND DEATH Instant Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input checked="" 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)		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 March 19, 1956 , to March 26, 1956 , that I last saw the deceased alive on March 25, 1956 , and that death occurred at 10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Koppensino M.D.				23b. ADDRESS Big Springs Mo		23c. DATE SIGNED 3-26-56	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE March 28, 1956		24c. NAME OF CEMETERY OR CREMATORY Mayview Cemetery		24d. LOCATION (City, town, or county) (State) Mayview, Mo.	
DATE REC'D BY LOCAL REG. 3-28-56		REGISTRAR'S SIGNATURE Wm. E. Gault		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husman - Sparks Oakes, Mo.			

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

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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, *John T. Keenan*

Licensed Embalmer No. *754*

P. O. Address *Albany, N.Y.*

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.