

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14359**

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>6051</u>		Registrar's No. <u>120</u>	
1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>TOWN Rural-St. Chas. twsp.</u>		c. LENGTH OF STAY (In this place) <u>minutes</u>		c. CITY OR TOWN <u>Winfield</u>		d. Is Residence within limits of a city as incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway # 40, Sanford Creek</u>				• STREET ADDRESS (If rural, give location) <u>R.R. # 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ephraim</u>		b. (Middle) _____		c. (Last) <u>Hornberger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 15, 1899</u>	
9. AGE (In years last birthday) <u>56</u>		if UNDER 1 YEAR Months <u>10</u> Days <u>15</u>		if UNDER 1 YEAR Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Natl. Lead Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Phil Hornberger</u>		13b. MOTHER'S MAIDEN NAME <u>Ann ?</u>		14. NAME OF HUSBAND/OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-03-9222</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Olivia Childress, Winfield, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile accident</u> ANTECEDENT CAUSES <u>Truck and pick-up involved.</u> 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.				INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>hwy. bypass 40</u>		21c. (CITY, TOWN, OR TOWNSHIP) ² <u>St. Charles</u> (COUNTY) <u>St. Charles</u> (STATE) <u>Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Apr. 20 56 17</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by truck</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>4/24/56</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:17 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mavis Maudslayi Crowder</u> (Degree or title) _____				23b. ADDRESS <u>Wentzville, Mo. April</u>		23c. DATE SIGNED <u>24, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 27 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 25, 1956</u>		REGISTRAR'S SIGNATURE <u>Fannie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richardson & Son, St. Louis, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1956

MAY 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Frank R. Amalmer

Licensed Embalmer No.....

P. O. Address.....
St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.