

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15316

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) (City and State) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY OR TOWN Rural, Cedar Twp.	
c. LENGTH OF STAY (If in hospital or institution) 30 Days		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 Nevada City Hospital		e. STREET ADDRESS (If rural, give location) 2 Miles S. of Cedar Springs	

3. NAME OF DECEASED (Type or Print)	a. (First) ALLIE	b. (Middle) EARL	c. (Last) HORNBECK	4. DATE OF DEATH (Month) (Day) (Year) April 21, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25, 1891	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 65 2 26
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman	10b. KIND OF BUSINESS OR INDUSTRY Light Plant	11. BIRTHPLACE (City and State or Foreign Country) Afton, Kansas	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Charles Hornbeck	13b. MOTHER'S MAIDEN NAME Lucretia Wilkerson	14. NAME OF HUSBAND OR WIFE Sylvia Hornbeck
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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. 	17. INFORMANT'S SIGNATURE OR NAME Sylvia Hornbeck, El Dorado Springs	ADDRESS El Dorado Springs, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 3 days unknown approx 1 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent Coronary Thrombosis		

19a. DATE OF OPERATION 	19b. MAJOR FINDINGS OF OPERATION 33ix	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)
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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?
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22. I hereby certify that I attended the deceased from 5/27, 1956, to 4/21, 1956, that I last saw the deceased alive on 4/21, 1956, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. SIGNATURE L. P. McCann	(Degree or title) M.D.	23b. ADDRESS Moore Bldg. Nevada, Mo.	23c. DATE SIGNED 4/21/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-24-1956	24c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery	24d. LOCATION (City, town, or county) (State) Stockton, Mo.
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DATE REC'D BY LOCAL REG. 4-22-56	REGISTRAR'S SIGNATURE (Anna) E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Canlow Funeral Home	ADDRESS Stockton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

56

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 A. Cantlon*.....

Licensed Embalmer No. *430*

P. O. Address *Stoughton*

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.