

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25798

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6214 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>VERNON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HARWOOD (Clear Creek)</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>HARWOOD</b>		1080 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>			Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>No street</b>			Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>HARMON</b> Last <b>HORNING</b>				4. DATE OF DEATH Month <b>July</b> Day <b>12</b> Year <b>56</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>APR 29 1879</b>		9. AGE (In years last birthday) <b>77</b>	
		WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	10. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and state or country) <b>Springfield Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>							
13. FATHER'S NAME <b>FRANK HORNING</b>				14. MOTHER'S MAIDEN NAME <b>FRANCIS MITCHELL</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO NE</b>		17. INFORMANT Address <b>MRS. HARRY DICKS, WALKER MO</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>							INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>							unknown
DUE TO (c) <b>Advanced Age</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4201</b>				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>D. O. A.</b> , to _____ and last saw her/him alive on _____ Death occurred at about <b>9:30 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Inscribed title) <b>L. P. McCann M.D.</b>				22b. ADDRESS <b>Moore Building, Nevada, Mo.</b>		22c. DATE SIGNED <b>July 13, 1956</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-14-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. VERNON</b>		23d. LOCATION (City, town, or county) (State) <b>VERNON MO</b>			
24. FUNERAL DIRECTOR <b>Curran</b>		ADDRESS <b>Harwood Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-20-1956</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	

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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..... *Clara J. P. M.*

Licensed Embalmer No. *276*

P. O. Address *Hazwood*

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.