

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5943

FILED MAR 12 1957

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Cape Girardeau</u>		0160 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #4</u>		Length of stay in lb <u>13y, 10m, 1d</u>		d. STREET ADDRESS <u>Gen. Del.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>JOSEPH</u> Last <u>HORRELL</u>				4. DATE OF DEATH Month <u>Mar.</u> Day <u>5</u> Year <u>1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 8, 1905</u>		9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>27</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Leopold, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>John V. Horrell</u>				14. MOTHER'S MAIDEN NAME <u>Annie Raden</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>None</u>		17. INFORMANT Address <u>Records, State Hospital #4, Farmington, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> - - - - - <u>instantaneously.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>Coronary sclerosis</u> - - - - - <u>Unknown.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Dementia Praecox Psychosis.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>		
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.) <u></u>					
20c. TIME OF INJURY - Hour _____ 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.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u>		STATE <u></u>
21. I attended the deceased from <u>Feb. 23, 1955</u> to <u>March 5, 1957</u> and last saw <u>him</u> alive on <u>March 5, 1957</u> . Death occurred at <u>11:35 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>John A. Brennan, M.D.</u> (Degree or title)				22b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		22c. DATE SIGNED <u>3-6-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 8, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>			
24. FUNERAL DIRECTOR <u>Haman Funeral Home, Cape Girardeau, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Mar. 6, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
000-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with reference to diseases in Part I must be casually related. Coroner must certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Paul R. Dufal* _____

Licensed Embalmer No. *417*

P. O. Address *Farmington*

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