

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 5837 Registrar's No. 15

Health,
& Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Granby</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Pierce City</u> <u>1-550</u> 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>1 mile E. Granby</u> Length of stay in 1b <u>9</u>		d. STREET ADDRESS (If outside, give location) <u>Main St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>ROY JUNIOR HORN</u> <i>First Middle Last</i>		4. DATE OF DEATH <u>3-21-1957</u> <i>Month Day Year</i>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>11-18-1923</u>
9. AGE (In years last birthday) <u>33</u>		10. IF UNDER 1 YEAR <u>43</u> Hours <u>3</u> Min.	11. BIRTHPLACE (City and state or country) <u>Osage Kan</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Body shop worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Osage Kan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles G. Horn</u>		14. MOTHER'S MAIDEN NAME <u>Irene Eloise Stice</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>512-16-1106</u>	
17. INFORMANT <u>Viola Horn</u> Address <u>Pierce City 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>Broken Neck</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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>Car Accident</u>	
20c. TIME OF INJURY. Hour <u>11:15</u> Month <u>March</u> Day <u>21</u> Year <u>1957</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) <u>Highway</u>	
20f. CITY, TOWN, OR LOCATION <u>Newton County, Missouri</u>		COUNTY <u>073</u> STATE	
21. I attended the deceased from _____ to <u>3-21-57</u> and last saw <u>her</u> alive on _____ Death occurred at <u>11:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lokey Thompson Jr</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Neosho, Missouri</u>	
22c. DATE SIGNED <u>3-23-57</u>			
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-25-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town or county) (State) <u>Pierce City Mo</u>	
24. FUNERAL DIRECTOR <u>Wilke Bros</u> ADDRESS <u>Pierce City Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 25 1957</u>	
26. REGISTRAR'S SIGNATURE <u>M. S. Young</u>			

(Licensed Embalmer's Statement on Reverse Side)

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05
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RECEIVED

Sanitary Health Officer No *Wasson*
District File Number *357-71*
Date Filed *MAR 28 1957*

APR 4 1957

MAR 28 1957

MAY 1 1957

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, *Edwin Welles*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Edwin Welles*

Licensed Embalmer No. *4131*
P. O. Address *Gene City Mo*

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.