

FILED MAY 31 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 149

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Francois</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bismarck</u>		c. CITY OR TOWN <u>Bismarck</u>		d. STREET ADDRESS (If outside, give location):	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Length of stay in lb HOSPITAL OR INSTITUTION <u>21 Yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>WILLIAM</u>		Middle <u>JOSEPH</u>		Last <u>HORN</u>		Month <u>May</u> Day <u>11</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. 18, 1874</u>	
9. AGE (In years last birthday) <u>83</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and state or country) <u>Merma, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>			
13. FATHER'S NAME <u>William Joseph Horn</u>				14. MOTHER'S MAIDEN NAME <u>Lillie Hamby</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 <u>Mrs. Raymond Anderson</u> Address <u>Bismarck, 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>Medullary paralysis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Thrombotic encephalomalacia</u>							<u>8 da</u>
DUE TO (c) <u>Arteriosclerosis</u>							<u> yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Prolonged recumbency--injured hip 6 mo. 332XF</u>							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.)				
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>							
20d. INJURY OCCURRED WHILE AT <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		20g. COUNTY STATE	
21. I attended the deceased from <u>5-5-57</u> to <u>5-11-57</u> and last saw ^{him} <u>him</u> alive on <u>5-11-57</u> Death occurred at <u>5:10 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. A. Mendigate D.O.</u>				22b. ADDRESS <u>2 Bismarck, Missouri</u>		22c. DATE SIGNED <u>5-13-57</u>	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>		23b. DATE <u>5-13-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Bismarck, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Shipman & Sons Bismarck, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>May 13, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		

(Licensed Embalmer's Statement on Reverse Side)

300
-56

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

MEDICAL CERTIFICATION

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 N. Shipman*

Licensed Embalmer No. 488

P. O. Address Bismarck, M

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.