

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. 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.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19822

FILED JUN 14 1957

STATE FILE NUMBER 32

Registration District No. 347 Primary Registration District No. 6161 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Stone Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Alabama</u> b. COUNTY <u>1</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hughes Ferry</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Tuscaloosa</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hughes Ferry (Age 31 M)</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Orville</u> Middle <u>-</u> Last <u>Horton</u>				4. DATE OF DEATH Month <u>5</u> Day <u>31</u> Year <u>57</u>					
5. SEX <u>m</u>		6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUN 15 1924</u>		9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. ARMY</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Clinton, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Joe C. Horton</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Present</u>			16. SOCIAL SECURITY NO. <u>422-36-0083</u>		17. INFORMANT <u>U.S. Army Records - Ft. Crowder, Mo.</u>			Address	
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>Accidental Drowning</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Fell off Ferry</u>		DUE TO (c) <u>E. 851.X</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							42		
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>Fell off Ferry</u>							
20c. TIME OF INJURY Hour <u>8:30</u> Month <u>May</u> Day <u>31</u> Year <u>1957</u>		104							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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>H.W. 13 Ferry</u>		20f. CITY, TOWN, OR LOCATION <u>Stone</u>		COUNTY		STATE <u>MO</u>	
21. I attended the deceased from <u>5-31-57</u> to <u>5-31-57</u> and last saw her alive on <u>Dead</u> Death occurred at <u>5:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Orville Horton Stone Co 3</u>				22b. ADDRESS <u>Yaleva MO</u>			22c. DATE SIGNED <u>19 June 1957</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6-4-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Graves</u>		23d. LOCATION (City, town, or county) (State) <u>Alabama</u>			
24. FUNERAL DIRECTOR <u>Lonely Thompson</u>			ADDRESS <u>Moosh, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 1-1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Bussan</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION from family

Rev. Lena Murray

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 *Walter S Cobb*

Licensed Embalmer No. *472*

P. O. Address *Fayette*

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.