

Health,  
Public  
Service

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24175  
STATE FILE NUMBER  
Registration District No. 128 Primary Registration District No. 2000 Registrar's No. ~~40512~~ 709-A

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-57

|                                                                                                      |  |                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>                                                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>              |  | c. CITY OR TOWN <b>Springfield</b> <u>2396</u>                                                                                       |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2022 N. Weller</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>2022 N. Weller</b>                                                               |  |
| Length of stay in 1b<br><b>30 yrs.</b>                                                               |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                |  |

|                                                          |        |      |                                          |     |      |
|----------------------------------------------------------|--------|------|------------------------------------------|-----|------|
| 3. NAME OF DECEASED (Type or print)<br><b>ANNIE HORN</b> |        |      | 4. DATE OF DEATH<br><b>July 12, 1957</b> |     |      |
| First                                                    | Middle | Last | Month                                    | Day | Year |

|                         |                                  |                                                                                                                                                             |                                         |                                              |                                           |                                |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------|--------------------------------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 8, 1874</b> | 9. AGE (In years last birthday)<br><b>82</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HRS.<br>Hours Min. |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------|--------------------------------|

|                                                                                                                 |                                                  |                                                                         |                                               |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Danville, Illinois</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------|

|                                             |                                                 |                                              |
|---------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 13a. FATHER'S NAME<br><b>Robert Rookard</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Keyes</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Howell</b> |
|---------------------------------------------|-------------------------------------------------|----------------------------------------------|

|                                                                                                                      |                                        |                                                                 |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT Address<br><b>Miss Minnie Horn 2022 N. Weller</b> |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|

|                                                                                                                                                                         |            |                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arterio-Sclerotic Heart Disease</b> |            | INTERVAL BETWEEN ONSET AND DEATH                                                                  |
| 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)<br><b>4200</b>                        |            | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m.<br>p.m. |  |
|--------------------------------------------------------------|--|

|                                                                                                   |                                                                                          |                                           |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|
| 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 COUNTY STATE |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|

21. I attended the deceased from 1953 to July 12, 1957 and last saw her alive on May 1957  
Death occurred at 9:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

|                                      |                              |                                         |                                     |
|--------------------------------------|------------------------------|-----------------------------------------|-------------------------------------|
| 22a. SIGNATURE<br><i>[Signature]</i> | (Degree <i>[Signature]</i> ) | 22b. ADDRESS<br><b>Springfield, Mo.</b> | 22c. DATE SIGNED<br><b>7-15-57.</b> |
|--------------------------------------|------------------------------|-----------------------------------------|-------------------------------------|

|                                                                      |                                   |                                                           |                                                                          |
|----------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, or other disposal (Specify)<br><b>Burial</b> | 23b. DATE<br><b>July 15, 1957</b> | 23c. NAME OF CEMETERY OR CREMATORIAL<br><b>Maple Park</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Mo.</b> |
|----------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|

|                                                                      |                                                |                                                 |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Ralph Thieme Springfield, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>7-18-57</b> | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |
|----------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

