FILED AUG 19 1957

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 28173

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 67

**1. PLACE OF DEATH**
a. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) The Home for Aged Baptists — Length of stay in Ib 2yrs.6m.20da.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Iron
c. CITY OR TOWN Rural-Arcadia 047 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1½mi. E.on Hwy.70 — Reside on Farm Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print) First / Middle / Last: Mrs. Etta Horton

**4. DATE OF DEATH** Month Day Year: Aug.12,1957

**5. SEX** F

**6. COLOR OR RACE** White

**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

**8. DATE OF BIRTH** Oct.27, 1862

**9. AGE** (In years last birthday) 94 — IF UNDER 1 YEAR: Months 9, Days 18 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife

**10b. KIND OF BUSINESS OR INDUSTRY** Own Home

**11. BIRTHPLACE** (City and state or country) Belgrade, Mo.

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME** Samuel Tullock

**14. MOTHER'S MAIDEN NAME** Jame Smith

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) No — (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT** Address: Dolores Weiss, Ironton, Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerotic Heart Disease — years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒ 2

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**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 June 1 '57, to Aug 12 '57 and last saw her/him alive on Aug 9 '57. Death occurred at 5:10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Marvin C. Menne, MD — **22b. ADDRESS** Ironton, Mo. — **22c. DATE SIGNED** 8.12.57

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial — **23b. DATE** 8-14-57 — **23c. NAME OF CEMETERY OR CREMATORY** Horton Cemetery — **23d. LOCATION** (City, town, or county) (State) Bellevue Mo

**24. FUNERAL DIRECTOR** White Funeral Home — **ADDRESS** Ironton Mo — **25. DATE RECD. BY LOCAL REG.** August 14-57 — **26. REGISTRAR'S SIGNATURE** Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Ancel J. White.....

Licensed Embalmer No. 30

P. O. Address Trenton

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.