

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1957

State File No. 28894

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 230			
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (In this place) 15 hrs.		c. CITY OR TOWN Elmo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital				e. STREET ADDRESS (If rural, give location) none					
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD			b. (Middle)		c. (Last) HORN		4. DATE OF DEATH (Month) (Day) (Year) 7 31 57		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/15/78		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and State or Foreign Country) Elmo, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Christopher Irvin Horn			13b. MOTHER'S MAIDEN NAME Missouri Graves			14. NAME OF HUSBAND OR WIFE Mary E. Colter Horn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary E. Horn, Elmo, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Defection</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Unmyelized Arterio-Sclerosis & Hypertension</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>Diabetes Mellitus</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>Several years</i> <i>3 to 4 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>July 30</i> 19 <i>57</i> to <i>July 31</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>July 31</i> , 19 <i>57</i> and that death occurred at <i>4</i> P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>W. H. Johnson</i> M. D.				23b. ADDRESS Maryville, Missouri			23c. DATE SIGNED <i>8-50-57</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE <i>8/2/57</i>		24c. NAME OF CEMETERY OR CREMATORY Elmo		24d. LOCATION (City, town, or county) (State) Elmo, Missouri			
DATE REC'D BY LOCAL REG. <i>8-7-57</i>		REGISTRAR'S SIGNATURE <i>Bess Tol.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Clay M Price*.....

Licensed Embalmer No. *1808*

P. O. Address *Manville*

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.