

Health,  
& Welfare  
Public  
Service

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35894  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4472

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If in War, give length of stay in lb) HOSPITAL OR INSTITUTION <u>Warwick Nursing</u> <u>60 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>4023 Campbell</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clara M. Horn</u>			4. DATE OF DEATH Month Day Year <u>Sept. 25 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 25, 1875</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Des Moines Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Charles A. Schroeder</u>	
13b. MOTHER'S MAIDEN NAME <u>Laura Blattner</u>		14. NAME OF HUSBAND OR WIFE <u>Elisha Horn</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>495-38-6334a</u>	17. INFORMANT Address <u>K. C. Mo</u> <u>Mrs. Carl W. Miller 4023 Campbell</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>Metastatic Carcinoma - extensive in left lung and mediastinal glands shutting off swallowing and breathing terminally.</u> DUE TO (b) <u>Carcinoma of bones, with pathological fracture of left femur, east fall and Carcinoma of left breast signed also with radical mastectomy.</u> DUE TO (c) <u>Lymphedema left arm, mitral stenosis loud heart murmur.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Lymphedema left arm, mitral stenosis loud heart murmur.</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u> <u>190x</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>None</u>		20d. INJURY OCCURRED WHILE <input type="checkbox"/> ON PUBLIC WORK <input type="checkbox"/> AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>55</u>	
21. I attended the deceased from <u>Jan. 17, 1957</u> to <u>Sept 25 1957</u> and last saw her alive on <u>Sept 22 1957</u> Death occurred at <u>12:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. Harvey Jennett, M.D.</u>		22b. ADDRESS <u>1500 Professional Bldg</u> <u>Kansas City Mo</u>	
22c. DATE SIGNED <u>9-25-57</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>	
23b. DATE <u>Sept 27 1957</u>		23c. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
24. FUNERAL DIRECTOR <u>Stine &amp; McClure K. C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-26-57</u>	
26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
J. Harvey Jennett

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DA. 2-3121

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 *William M. Turner*

Licensed Embalmer No. *4648*  
P. O. Address *Kansas City*

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.