

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43438

STATE FILE NUMBER  
102

Registration District No. 15 Primary Registration District No. 3004

Registrar's No.

V. S. 300  
Rev. 1-57

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1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar</b>		c. CITY OR TOWN <b>Lamar</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bury Nursing Home</b>		d. STREET ADDRESS <b>703 Poplar</b>	
Length of stay in 1b <b>19 months</b>		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>KING SWIFT HORNING</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>17</b> Year <b>1957</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 22, 1895</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer, Ret.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Carpentry</b>	11. BIRTHPLACE (City and state or country) <b>Garner, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Kingsbury Horning</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie Bell Calhoun</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mr. Reginald Horning, Lamar, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral condition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>prostatic tumor</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) <b>610X</b>		19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 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 <b>LAMAR</b>	COUNTY <b>Barbar</b>	STATE <b>MO</b>
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21. I attended the deceased from <b>June 1957</b> to <b>Dec. 17</b> and last saw her alive on <b>Dec. 17</b> Death occurred at <b>112 noon</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>D. R. Guedner M.D.</b>	(Degree or title)	22b. ADDRESS <b>LAMAR</b>	22c. DATE SIGNED <b>mo</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-19-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Nigh Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Barton County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Chiles Funeral Home, Lamar, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>DEC 18 '57</b>	26. REGISTRAR'S SIGNATURE <b>Marie Kanawty</b>
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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

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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 *Clarence J. Chiles* .....  
Licensed Embalmer No. *3473*  
P. O. Address *St. Louis, MO*

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.