

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **610**

FILED JAN 27 1958

Registration District No. 12 Primary Registration District No. 4134 Registrar's No. 5

|                                                                                                                                                                                                                                                                                                                        |                            |                                                                                                                                                             |                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Clay</b>                                                                                                                                                                                                                                                                             |                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>                     |                                                                                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Smithville</b>                                                                                                                                                                                                                                 |                            | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | c. CITY OR TOWN <b>Barry</b>                                                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Smithville Hosp.</b>                                                                                                                                                                                                                 |                            | Length of stay in 1b<br><b>2 Days</b>                                                                                                                       | d. STREET ADDRESS (If outside, give location)<br><b>None</b>                                      |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Frank</b> Middle <b>Hornbuckle</b> Last <b>Hornbuckle</b>                                                                                                                                                                                                              |                            | 4. DATE OF DEATH<br>Month <b>Jan.</b> Day <b>9,</b> Year <b>1958</b>                                                                                        |                                                                                                   |
| 5. SEX <b>M</b>                                                                                                                                                                                                                                                                                                        | 6. COLOR OR RACE <b>Wh</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>Oct. 17, 1882</b>                                                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Carpenter</b>                                                                                                                                                                                                        |                            | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Building Const. Callaway Co, Missouri</b>                                                                           | 9. AGE (In years last birthday)<br><b>75</b>                                                      |
| 13a. FATHER'S NAME<br><b>Silas W. Hornbuckle</b>                                                                                                                                                                                                                                                                       |                            | 13b. MOTHER'S MAIDEN NAME<br><b>Charlotte Putnam</b>                                                                                                        | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                                                        |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service)<br><b>Yes, 1908-1911</b>                                                                                                                                                                                     |                            | 16. SOCIAL SECURITY NO.<br><b>496-26-9660</b>                                                                                                               | 14. NAME OF HUSBAND OR WIFE<br><b>Rachel Gabbert</b>                                              |
| 17. INFORMANT<br><b>Mrs. Rachel Hornbuckle</b>                                                                                                                                                                                                                                                                         |                            | Address<br><b>Barry, Mo.</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) <u>Cerebrovascular thrombosis</u><br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                            |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u><br><u>5 years</u>                               |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                                                                                                                                                                      |                            |                                                                                                                                                             | 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 _____ a.m. _____ p.m.<br>Month, Day, Year _____                                                                                                                                                                                                                                            |                            | 20d. INJURY OCCURRED WHILE AT WORK <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<br>COUNTY _____ STATE _____                                                                                                    |                                                                                                   |
| 21. I attended the deceased from <u>4-8-57</u> , to <u>1-9-58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>1-9-58</u><br>Death occurred at <u>6:35 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.                                                           |                            |                                                                                                                                                             |                                                                                                   |
| 22a. SIGNATURE<br><u>Welda L. Spontone</u> (Degree or title) <u>M.D.</u>                                                                                                                                                                                                                                               |                            | 22b. ADDRESS<br><u>Route #1 Box 19 Barry Mo</u>                                                                                                             |                                                                                                   |
| 22c. DATE SIGNED<br><u>1-13-58</u>                                                                                                                                                                                                                                                                                     |                            |                                                                                                                                                             |                                                                                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                             |                            | 23b. DATE<br><b>1-12-58</b>                                                                                                                                 | 23c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F. Cemetery</b>                                    |
| 23d. LOCATION (City, town, or county)<br><b>Smithville, Missouri</b>                                                                                                                                                                                                                                                   |                            | (State)                                                                                                                                                     |                                                                                                   |
| 24. FUNERAL DIRECTOR<br><b>McComas Funeral Home</b>                                                                                                                                                                                                                                                                    |                            | ADDRESS<br><b>Smithville, Mo.</b>                                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><b>1-13-58</b>                                                    |
| 26. REGISTRAR'S SIGNATURE<br><u>Marguerite Hudgens</u>                                                                                                                                                                                                                                                                 |                            |                                                                                                                                                             |                                                                                                   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 3 1959

JAN 28 1958

FEB 12 1958



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 *Donald W. Hauka*

Licensed Embalmer No. *4528*  
P. O. Address *Smithville, 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.