

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027902

STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 144

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| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY Scott | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Sikeston 1000 | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hosp. Length of stay in lb 3 days | | d. STREET ADDRESS (If outside, give location) R. R. 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Edward Robert Horner, Jr. First Middle Last | | 4. DATE OF DEATH Month 7 Day 21 Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 4-17-1883 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ |
| 11. BIRTHPLACE (City and state or country) Cubeley, Tenn. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13. FATHER'S NAME Robert Edward Horner Sr. | | 14. MOTHER'S MAIDEN NAME Delilah Whitfield | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — | | 16. SOCIAL SECURITY NO. — | |
| 17. INFORMANT Elizabeth Horner, Sikeston, Mo. | | Address R. R. 2 | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYELOBLASTIC LEUKEMIA DUE TO (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) 2043 | | | INTERVAL BETWEEN ONSET AND DEATH 6 weeks |
| 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 Hour _____ a. m. _____ p. m. _____ | | | |
| 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 | COUNTY STATE |
| 21. I attended the deceased from JUNE 1958 to JULY 1958 and last saw her alive on 7.21.58 Death occurred at 10:50 P. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Carl G. Tomp (Degree or title) | | 22b. ADDRESS Sikeston, Mo. | 22c. DATE SIGNED 7.23.58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 7-23-58 | 23c. NAME OF CEMETERY OR CREMATORY City | 23d. LOCATION (City, town, or county) (State) Sikeston Mo |
| 24. FUNERAL DIRECTOR ADDRESS Welch Funeral Home Sikeston Mo. | | 25. DATE RECD. BY LOCAL REG. 7-26-58 | 26. REGISTRAR'S SIGNATURE MARLENE HUNTER |

DATE RECEIVED

7-28-58

SCOTT CO. HEALTH DEPT.

CO. FILE No.

258-190

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 Raymond Crews

Licensed Embalmer No. 346

P. O. Address Sikeston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.