

Health,
& Welfare
Public
Service
13

1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028061
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Kirksville		c. CITY OR TOWN Kirksville 0013	
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 C.N.H. #3		d. STREET ADDRESS (If outside, give location) C. N. H. #3	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henrietta Middle B. Last Horn			4. DATE OF DEATH Month Aug. Day 25 Year 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 2, 1867
9. AGE (In years last birthday) 90		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) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Warsaw, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Peter Burk	
13b. MOTHER'S MAIDEN NAME Catherine Schmidt		14. NAME OF HUSBAND OR WIFE William 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. X	17. INFORMANT Mr. Sam A. Burk, Kirksville, Mo.
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 Cardiovascular Collapse DUE TO (b) Coronary Thrombotic Occlusion DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cachexia and Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH Minutes Minutes unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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 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 COUNTY STATE
21. I attended the deceased from June 2, 1958 to August 25, 1958 and last saw her alive on August 23, 1958 Death occurred at 12:150 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George H. Scheurer (Degree or title) D. O. 2		22b. ADDRESS Kirksville, Mo.	
22c. DATE SIGNED 8-26-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/27/58	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery	23d. LOCATION (City, town, or county) (State) Kirksville, Mo.
24. FUNERAL DIRECTOR [Signature] ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 8-26-58	26. REGISTRAR'S SIGNATURE Doris W. Pettif

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Kenneth E Hayes*

Licensed Embalmer No. *4890*

P. O. Address *Kirkville, 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.