THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-037440
STATE FILE NUMBER

FILED OCT 17 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 214

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Woodland Hospital — Length of stay in lb 40yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Rand.
c. CITY OR TOWN 0883 Moberly — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 215 S. Morley — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Evalina Middle Vicotria Last Horn

4. DATE OF DEATH Month Day Year 10/5/58

5. SEX female

6. COLOR OR RACE white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 1/22/1874

9. AGE (In years last birthday) 84 — 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) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Indian Creek, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Hayden

14. MOTHER'S MAIDEN NAME Nancy Logsdon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT A.B. Horn — Address Moberly Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) myocardial insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) acute gastro-enteritis
DUE TO (c) 4222
INTERVAL BETWEEN ONSET AND DEATH weeks 3 few days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) old gastric resection for ulcer, with abdominal hernia,

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept. 30/58, to Oct. 5/58 and last saw her alive on Oct. 5/58
Death occurred at 5 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. L. E. Huber, MD

22b. ADDRESS 400 E. W. Reed Moberly, MO

22c. DATE SIGNED 10/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10/7/58

23c. NAME OF CEMETERY OR CREMATORY St. Mary's

23d. LOCATION (City, town, or county) (State) Moberly Missouri

24. FUNERAL DIRECTOR ADDRESS Marion E. Million

25. DATE RECD. BY LOCAL REG. 10-7-59

26. REGISTRAR'S SIGNATURE Leah Wolowe

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 1

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard L. Rozu

Licensed Embalmer No. 49

P. O. Address Malden

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