THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014157
STATE FILE NUMBER

FILED APR 28 1959 Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 16-59

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Osteopathic — Length of stay in Ib 16 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller
c. CITY OR TOWN Tuscumbia 0660 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First FLOYD Middle RAY Last HORTON
4. DATE OF DEATH Month April Day 18 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12/4/1837
9. AGE (In years last birthday) 21 — IF UNDER 1 YEAR: Months 4 Days 14 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Novelty-Mfg-Co
11. BIRTHPLACE (City and state or country) Tuscumbia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Willard Horton
14. MOTHER'S MAIDEN NAME Antonie Malis
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.
17. INFORMANT Address Mrs. Antonie Horton, TUSCUMBIA, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) metastatic carcinoma, multiple to liver, brain, intestines — 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary Carcinoma right lung — 2 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1621
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year None
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.) None
20f. CITY, TOWN, OR LOCATION None COUNTY STATE
21. I attended the deceased from 4/2/56, to 4/18/59 and last saw him alive on 4/18/59
Death occurred at 9:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE M. E. Humphreys D.O. (Degree or title)
22b. ADDRESS Tuscumbia Missouri
22c. DATE SIGNED 4/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 20 April-59
23c. NAME OF CEMETERY OR CREMATORY Dott
23d. LOCATION (City, town, or county) Miller Co (State) Mo
24. FUNERAL DIRECTOR Keith M Kays ADDRESS Eldon-Mo
25. DATE RECD. BY LOCAL REG. April 20, 1959
26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 Keith M Kayes

Licensed Embalmer No. 39

P. O. Address Eldon

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