

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023899

STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 131

300
1-57

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SEDAWA	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEVADA		c. CITY OR TOWN FLOORADO SPR'S	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL		d. STREET (If outside, give location) ADDRESS 211 N. GRAND	
3. NAME OF DECEASED (Type or print) First Middle Last EUGENIA HORN		4. DATE OF DEATH Month Day Year 6-10-59	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR 26 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ROBERT ELLIS		13b. MOTHER'S MAIDEN NAME YANNIE FORBMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 5 days unknown
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 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 1, 1959 to June 10, 1959 and last saw her alive on June 10, 1959 Death occurred at Nevada, Missouri 9:05 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. P. McCann L. P. McCann, M. D.		22b. ADDRESS Moore Building-Nevada, Missouri	
22c. DATE SIGNED 6/11/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-13-59	
23c. NAME OF CEMETERY OR CREMATORY CITY		23d. LOCATION (City, town, or county) (State) FLOORADO SPR'S MO	
24. FUNERAL DIRECTOR NAFUS FLOORADO SPR'S		25. DATE RECD. BY LOCAL REG. 6-12-1959	
26. REGISTRAR'S SIGNATURE Ormai & J...			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *George W. Mafus*

Licensed Embalmer No. *2752*

P. O. Address

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.