

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033911

FILED VS. OCT. 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **8836**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>Farmington, Mo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>New Faith Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Farmington, Mo</u>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CLYDE OTTO HORN</u>			4. DATE OF DEATH Month Day Year <u>Sept. 23, 1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-3-1909</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabowner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Taxi Business</u>	11. BIRTHPLACE (City and state or country) <u>Farmington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>F. O. Horn</u>	13b. MOTHER'S MAIDEN NAME <u>Genevieve Ayres</u>	14. NAME OF HUSBAND OR WIFE <u>Betty Lou V. Horn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT <u>Betty Lou Horn, Farmington, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART FAILURE</u>		<u>2-3 WEEKS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>MALIGNANT HYPERTENSION</u>	<u>? 1 YEAR</u>
	DUE TO (c) <u>ARTERIOULAR NEPHROSCLEROSIS</u>	<u>?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>UREMIA</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from 6/21/59 to 9/22/59 and last saw him live on 9/22/59
 Death occurred at 4:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>David Feldman, MD.</u>	(Degree or title)	22b. ADDRESS <u>539 N. G. GRAND</u>	22c. DATE SIGNED <u>9/25/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-23-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chestnut Ridge Cemet.</u>	23d. LOCATION (City, town, or county) <u>St. Genevieve Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>C. H. Cozear,</u>	ADDRESS <u>Farmington, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>SEP 25 1959</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 7 1960

JAN 15 1960

JAN 14 1960

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 Launce M. Billo

Licensed Embalmer No. 4375

P. O. Address St. Louis, 23, 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.