FILED VS OCT 14 1959

OURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-035000
STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 75

MENDED

1. PLACE OF DEATH
a. COUNTY Washington,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richwoods. Length of stay in 1b Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) HOME Inside Limits Yes ☐ No ☑

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

3. NAME OF DECEASED (Type or print) First RENA Middle HESTER Last HORINE
4. DATE OF DEATH Month Oct Day 9 Year 1959.
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/14/1894
9. AGE (last birthday) 66 IF UNDER 1 YEAR Months 7 Days 25 IF UNDER 24 HR 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 Housewife
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jasper Jackson
13b. MOTHER'S MAIDEN NAME Unknow
14. NAME OF HUSBAND OR WIFE BEN HORINE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none.
17. INFORMANT Address Bennie Arnold Richwoods 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH few min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —
DUE TO (c) —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
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 8-31-1959, to 10-9-1959 and last saw her/him alive on 8-31-1959.
Death occurred at about: 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph L. Thurman - M.D.
22b. ADDRESS 121 E. High - Potosi, Mo.
22c. DATE SIGNED 10-9-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE Oct 11 1959.
23c. NAME OF CEMETERY OR CREMATORY HORINE CEM.
23d. LOCATION (City, town, or county) (State) Richwoods, Missouri

24. FUNERAL DIRECTOR ADDRESS Sherwood W Kitchell St Clair Mo.
25. DATE RECD. BY LOCAL REG. 10-9-59
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Sherwood W. Kitchel

Signature of Student Embalmer

Licensed Embalmer No. 3873

P. O. Address St. Clair,

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