

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000520

FILED VS FEB 3 1960

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 19

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b 8Y, 7M, 4Da	c. CITY OR TOWN Moberly
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 326 S. Morley
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LENA Middle Last HORN			4. DATE OF DEATH Month January Day 26 Year 1960	
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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 5-29-1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Hannibal, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME F.A. Fisher	13b. MOTHER'S MAIDEN NAME Caroline Hartzman	14. NAME OF HUSBAND OR WIFE Unknown
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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) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT State Hospital No. 1, Fulton, Mo.	Address
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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) Hypostatic Pneumonia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute bronchitis & Bronchiolitis	
	DUE TO (c) Chronic Brain syndrome with arteriosclerosis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriose of left kidney due to arteriosclerosis		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
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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 Month, Day, Year a.m. p.m.	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 State Hosp	COUNTY Fulton	STATE Mo
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21. Decedent Decedent died from 6-22-1951 to 1-25-60 and last saw her/him alive on XXXXXXXXXX	
Death occurred at 10:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE William V. Farciell, M.D.	(Degree or title)	22b. ADDRESS State Hospital No. 1, Fulton, Mo.	22c. DATE SIGNED 1/26/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan-26-1960	23c. NAME OF CEMETERY OR CREMATORY St. Hannibal	23d. LOCATION (City, town, or county) (State) Mo.
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24. FUNERAL DIRECTOR Wallace Funeral Home, Fulton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Jan-26-1960	26. REGISTRAR'S SIGNATURE Maritta Lawrence
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Denzil C. Brownie

Licensed Embalmer No: 272

P. O. Address Fulton

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