

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005074

FILED VS MAR 1 1960

Registration District No. 27 Primary Registration District No. 4034 Registrar's No. 24 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hume</b>		Length of stay in 1b <b>88 yrs</b>	c. CITY OR TOWN <b>Hume</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Frederick</b> Last <b>Horton</b>			4. DATE OF DEATH Month <b>February</b> Day <b>12</b> Year <b>1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr 14 1871</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer &amp; stockman</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Hume Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>usa</b>	
13a. FATHER'S NAME <b>Charles Edward Horton</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Jane Hill</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Rachel Horton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>X Lucile Horton</b> Address <b>Hume Missouri</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b> DUE TO (b) <b>Cerebral Hemorrhages</b> DUE TO (c) <b>Generalized arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>9 mb</b> <b>10 days</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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

21. I attended the deceased from **May 10, 1959** to **Feb 12, 1960** and last saw him alive on **Feb 12, 1960**  
Death occurred at **11:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee or title) <b>Fred E Dunlap M.D.</b>	22b. ADDRESS <b>Pleasanton, Kansas</b>	22c. DATE SIGNED <b>2-13-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Feb 15 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hume</b>
23d. LOCATION (City, town, or county) <b>Hume Bates Missouri</b>		(State)

24. TORNEDEN FUNERAL HOME <b>Earl A Tormeden</b>	25. DATE RECD. BY LOCAL REG. <b>Feb. 15-1960</b>	26. REGISTRAR'S SIGNATURE <b>Randall Remy</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

4504

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed-by

~~XXX~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Earl W. Formden*

Licensed Embalmer No. 3587

P. O. Address Pleasanton Kan

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.