

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007827

FILED VS MAR 8 1960

Registration District No. 216 Primary Registration District No. 3060 Registrar's No. 79

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST FRANCOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON MO	Length of stay in lb 3 yrs	c. CITY OR TOWN FARMINGTON MO	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) 916 MICHIGAN ST
3. NAME OF DECEASED (Type or print) First JOHN Middle ROY Last HORTON		4. DATE OF DEATH Month FEB. Day 28 Year 1960	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN. 15 1886
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER	10b. KIND OF BUSINESS OR INDUSTRY MINER	11. BIRTHPLACE (City and state or country) BISMARCK MO	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOSEPH A HORTON		13b. MOTHER'S MAIDEN NAME LUCY J DENTON	14. NAME OF HUSBAND OR WIFE JESSIE HORTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-03-7279	17. INFORMANT JAMES M HORTON FARMINGTON 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 5 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. <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 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	COUNTY STATE
21. I attended the deceased from <u>July 1958</u> to <u>2-28-60</u> and last saw him alive on <u>2-20-60</u> Death occurred at <u>8 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C.E. Cauliton M.D. (Degree or title)		22b. ADDRESS Farmington, Mo	22c. DATE SIGNED 2-29-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 1 1960	23c. NAME OF CEMETERY OR CREMATORY HILLVIEW MEMORIAL GARDENS	23d. LOCATION (City, town, or county) NEAR FARMINGTON MO (State)
24. FUNERAL DIRECTOR COZEAN FARMINGTON MISSOURI		25. DATE RECD. BY LOCAL REG. Feb. 29, 1960	26. REGISTRAR'S SIGNATURE Eather Rudloff

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

C. McLean

Licensed Embalmer No. 408

P. O. Address Farmington

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.