

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-034811

FILED OCT 14 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4948 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 1 YEAR		c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERN Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 10401 EAST 40 Hiway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First GEORGE W. Middle HORTON Last HORTON				4. DATE OF DEATH Month OCT Day 1 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 AUG. 4, 1906		9. AGE (last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER			10b. KIND OF BUSINESS OR INDUSTRY THONI OIL COMPANY			11. BIRTHPLACE (City and state or country) ANTIOCH, TENNESSEE			12. CITIZEN OF WHAT COUNTRY U. S. A.				
13a. FATHER'S NAME MARSHALL W. HORTON				13b. MOTHER'S MAIDEN NAME GEORGIA ANN DAVIS				14. NAME OF WIFE WIFE MRS. BETTIE HORTON					
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. ---		17. INFORMANT L. MRS. BETTIE HORTON 10401 EAST 40 HIGHWAY INDEPENDENCE, MISSOURI							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic Heart Disease										INTERVAL BETWEEN ONSET AND DEATH 10 yrs			
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 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				
21. I attended the deceased from Sept. 25, 1960 to Oct 1, 1960 and last saw him alive on Oct 1, 1960 Death occurred at 10:28 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Paul E. Pearson, M.D. (Degree or title)						22b. ADDRESS 1025 Reata Bldg #104			22c. DATE SIGNED 10/2/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE OCT. 3, 1960		23c. NAME OF CEMETERY OR CREMATOR MT. OLIVET CEMETERY			23d. LOCATION (City, town, or county) (State) NASHVILLE TENNESSEE						
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 10-2-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Paul E. Pearson

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 Vern Lawler

Licensed Embalmer No. 4913

P. O. Address K.C. 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.