

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-044515

FILED VS NOV 28 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2998 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton	Length of stay in 1b DOA	c. CITY OR TOWN Newport	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS 706 Isabell	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle THOMAS Last HORN			4. DATE OF DEATH October 6th, 1960 Month Day Year	
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 10/9/1899	9. AGE (last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Estel County, Ky.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE BESSIE HORN
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. unk.	17. INFORMANT Address Mary Lou Feltner, 203 McDaniel Dayton, Ohio (daughter)	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple severe traumatic injuries (severe brain injury especially)		INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) Struck by auto while walking on highway
20c. TIME OF INJURY 6:55 (CST)	Month, Day, Year 10/6/60	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Rural St. Louis Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>James L. Lane</i> Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 10/19/60
--	-------------------------------------	-------------------------------------

23a. BURIAL, CREATION, REMOVAL (Specify) Removal	23b. DATE 10/14/60	23c. NAME OF CEMETERY OR CREMATORY Czar Cemetery	23d. LOCATION (City, town, or county) (State) Crawford Co., Mo.
--	------------------------------	--	---

24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washing-	ADDRESS ton Blvd	25. DATE RECD. BY LOCAL REG. 10/15/60	26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>
---	----------------------------	---	--

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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.