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

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| 3. NAME OF DECEASED (Type or print) First Middle Last Jesse William Horn | | | 4. DATE OF DEATH Month Day Year Dec. 16 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 June 3, 1890 | 9. AGE (last birthday) 70 | 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) Ret. Leadworker | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Crystal City, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Dave Horn | | 13b. MOTHER'S MAIDEN NAME Annie Kohl | | 14. NAME OF HUSBAND OR WIFE Mary Pashia Horn | | |
| 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 Address Chester Horn, Herculaneum, Mo. | | |

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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: IMMEDIATE CAUSE (a) <i>Thrombotic Aortic Occlusion</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>22 hrs</i> |
| DUE TO (b) <i>Aortic Athero-sclerosis</i> | | <i>years</i> |
| DUE TO (c) <i>454A</i> | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Coronary Athero-sclerosis</i> | | 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 checked="" 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 <i>3:00 PM 12-15-60</i> to <i>5:15 PM 12-16-60</i> and last saw her/him alive on <i>12-16-60</i> Death occurred at <i>5:15 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE (Degree title) <i>Richard A. Lessala M.D.</i> | | 22b. ADDRESS <i>1528 Swallow Dr.</i> | | 22c. DATE SIGNED <i>12-16-60</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Dec. 19, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery | 23d. LOCATION (City, town, or county) (State) Festus-Crystal City, Mo. | |
| 24. FUNERAL DIRECTOR Address Vinyard Fun'l. Homes, Inc., Festus, Mo. | | 25. DATE RECD. BY LOCAL REG. DEC 16 1960 | 26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i> | |

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

O.K. Paul J. [unclear] 12-16-60

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 Heath B. Vinyard

Licensed Embalmer No. 4976

P. O. Address Festus

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.