

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002348
STATE FILE NUMBER

FILED VS JAN 26 1961 238 Primary Registration District No. 5823 Registrar's No. 1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kewanee</i>		Length of stay in 1b	c. CITY OR TOWN <i>Kewanee</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Kewanee</i>
3. NAME OF DECEASED (Type or print) First <i>Quanita</i> Middle <i>Hornback</i> Last <i>Hornback</i>		4. DATE OF DEATH Month <i>Jan</i> Day <i>16th</i> Year <i>1961</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-9-1918</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) <i>Invalid</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>42</i>
13a. FATHER'S NAME <i>W.F. Hornback</i>		13b. MOTHER'S MAIDEN NAME <i>Lora Lawless</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Ms. Vida Gill Kewanee, Mo</i>
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>Acute Gastritis, Indigestion</i> DUE TO (b) <i>Post Typhoid Encephalitis</i> DUE TO (c) <i>Invalidism 40 years -</i> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH.
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		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>May 13 - 1943</i> to <i>Jan 16 - 1961</i> and last saw her alive on <i>Jan 16 - 1961</i> . Death occurred at <i>7:05 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <i>Orville B. Chandler</i>		22b. ADDRESS <i>New Madrid, Mo</i>	22c. DATE SIGNED <i>1/19/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1-16-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Hayti Missouri</i>
24. FUNERAL DIRECTOR <i>John German</i>		ADDRESS <i>Hayti, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>1-20-61</i>
		26. REGISTRAR'S SIGNATURE <i>Jay Sedgwick</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John W German

Licensed Embalmer No. 4355
P. O. Address Hayti, 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.