

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007428

STATE FILE NUMBER

AMENDED FILED Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 72
MAR 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Berthoud</u> | | Length of stay in 1b <u>5 days</u> | c. CITY OR TOWN <u>Memphis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Memphis</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>ISAAC</u> Middle <u>MARTIN</u> Last <u>HORN</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>15</u> Year <u>1961</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>N</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb 27 1876</u> |
| 9. AGE (last birthday) <u>85</u> | | IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u> Hours <u></u> Min. <u></u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired educational administrator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Clark Co MO</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>Isaac Horn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u> | 14. NAME OF HUSBAND OR WIFE <u>Lelei Horn</u> |
| 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. <u></u> OF INFORMANT <u>Mrs Isaac Horn Memphis Mo</u> Address <u></u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> |
| DUE TO (b) <u></u> | | | |
| DUE TO (c) <u></u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Lobar Pneumonia</u> | | | 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 Month, Day, Year Hour 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>3-10-61</u> to <u>3-15-61</u> and last saw her <u>alive</u> on <u>3-15-61</u> Death occurred at <u>2:05 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Richard Paul Valule D.C.</u> | | 22b. ADDRESS <u>Laughlin Hospital</u> | 22c. DATE SIGNED <u>3-19-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Mar 17-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u> | 23d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u> |
| 24. FUNERAL DIRECTOR <u>W. A. ...</u> ADDRESS <u>Memphis Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-20-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u> |

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1961

RICHARD PAUL VALUER, D.D.

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 myself, Student Embalmer No. _____
working under my personal supervision.

Student [Signature]
Signature of Student Embalmer

Signed Fred Luth

Licensed Embalmer No. 4258

P. O. Address Memphis

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.