

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023936

STATE FILE NUMBER

Registration District No. 40 Primary Registration District No. 3002 Registrar's No. 164

FILED AUG 2 1961

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Centralia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital		d. STREET ADDRESS (If outside, give location) 529 South Allen	

3. NAME OF DECEASED (Type or print) First Marie Middle Horn Last Shott			4. DATE OF DEATH Month July Day 22 Year 1961		
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-24-88	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) Leando, Iowa		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas Horn		13b. MOTHER'S MAIDEN NAME Gertrude Yarnall		14. NAME OF HUSBAND OR WIFE Earl Shott	
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. none		17. INFORMANT Address Mr. Earl Shott Centralia, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Paralytic ileus (operated 21 July)		15 days
DUE TO (c) Duodenal ulcer (operated 6 Jul)		1 month

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Liver failure (duration 2 months)		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	
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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 **Nov 19, 1952** to **July 22, 1961** and last saw her ^{him} alive on **July 22, 1961**
Death occurred at **1:10 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. LaFrance, M.D.	22b. ADDRESS Centralia, Missouri	22c. DATE SIGNED 7/24/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 24, 1961	23c. NAME OF CEMETERY OR CREMATORY City of Centralia	23d. LOCATION (City, town, or county) (State) Centralia, Missouri
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24. FUNERAL DIRECTOR ADDRESS Burr J. Meadows, Centralia, Mo.	25. DATE RECD. BY LOCAL REG. July 24-1961	26. REGISTRAR'S SIGNATURE Blanche Neely
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDED
FILED
REGISTERED
FILE NO.

AUG 2 1961

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 Bill J. Mendor.

Licensed Embalmer No. 4876

P. O. Address Centralia, Ill.

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.