

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040497

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 353

FILED DEC 7 1961

1. PLACE OF DEATH a. COUNTY <u>Cal.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in 1b <u>20 Years</u>	c. CITY OR TOWN <u>Jefferson City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>316 W. Ashley, Jefferson City, Mo.</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>G.i.e.</u> Last <u>Horn</u>	4. DATE OF DEATH Month <u>December</u> Day <u>1</u> Year <u>1961</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>3-4-1893</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watch-Repairman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Jewelry</u>	11. BIRTHPLACE (City and state or country) <u>Rolla, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>American</u>
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13a. FATHER'S NAME <u>John Horn</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Werner Jam</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine Adam</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Katherine Horn, Jefferson City Mo.</u>	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Coronary heart failure</u>	<u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Aortic stenosis and insufficiency</u>	<u>7 years</u>
	DUE TO (c) <u>Rheumatic heart disease</u>	<u>Indefinite</u>
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 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.)
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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 checked="" 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
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21. I attended the deceased from <u>4-16-55</u> to <u>12-1-61</u> and last saw ^{her} him alive on <u>12-1-61</u> Death occurred at <u>8:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>John J. Matthews, MD</u>	22b. ADDRESS <u>302 Balboa Jefferson City</u>	22c. DATE SIGNED <u>12/4/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 5, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Greenfield, Illinois</u>
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24. FUNERAL DIRECTOR <u>Tanner Funeral Home Inc., Jefferson City, Mo.</u>	ADDRESS <u>700 Jefferson, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4 December 1961</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Davis, MD - M. Richter, Dep.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

92-5-37-34

AUG 20 1962

DEC 21 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 *Orval Howard Jones*

Licensed Embalmer No. 4411

P. O. Address Belle Meade

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.