

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043161

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3283 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON BARRACKS</u> Length of stay in 1b <u>612 DAYS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MACOUPIN</u> c. CITY OR TOWN <u>CARLINVILLE, ILLINOIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1138 UNIVERSITY STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>I.</u> Last <u>HORKY</u>			4. DATE OF DEATH Month <u>11</u> Day <u>17</u> Year <u>61</u>		
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>4-1-92</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONSTRUCTION ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	11. BIRTHPLACE (City and state or country) <u>HUNGARY</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JOHN HORKY</u>		13b. MOTHER'S MAIDEN NAME <u>ROSA IRBLICH</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA E. HORKY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WW-I</u>			17. INFORMANT <u>EMMA E. HORKY, 1138 UNIVERSITY ST. CARLINVILLE, ILL.</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>CONGESTIVE HEART FAILURE</u> DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>LARGE (L) VENTRICULAR MURAL THROMBUS, RECENT.</u> <u>MULTIPLE CEREBRAL INFARCTS, RECENT, DUE TO EMBOLI</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 Hour <u>12:45</u> p.m. Month, Day, Year <u>2-13-60</u>	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

21. I attended the deceased from <u>2-13-60</u> to <u>11-17-61</u> and last saw him <u>XXXXXX</u> Death occurred at <u>12:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>	22d. LOCATION (City, town, or county) (State) <u>Jefferson Bks. Mo</u>
22a. SIGNATURE <u>Paul G. Fendler</u> (Degree or title) <u>EMMA E. HORKY, 1138 UNIVERSITY ST. CARLINVILLE, ILL.</u>	22b. ADDRESS	22e. DATE SIGNED <u>11-17-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>11/21/61</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Bks. Mo</u>	

24. FUNERAL DIRECTOR <u>Edward Fendler 5611 South Grand Blvd..</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-20-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DATE AMENDED

INSURED BY

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 12 1962

JUL 27 1962

**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 Leo J. Buede

Licensed Embalmer No. 3989  
P. O. Address at Pointe Inc

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.