

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044774

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6255 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 40 Yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 3669 Summit Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Clifford T. Horne  
 4. DATE OF DEATH Month Day Year  
December 10 1961  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 4-10-1894 9. AGE (last birthday) 67 Yrs IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country) Parsons, Kansas 12. CITIZEN OF WHAT COUNTRY USA  
 13a. FATHER'S NAME John Horne 13b. MOTHER'S MAIDEN NAME Mary Tuttle 14. NAME OF HUSBAND OR WIFE Jessie W. Horne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No  
 17. INFORMANT Address  
Jessie Horne, 3669 Summit Kansas City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Subacute Bacterial Endocarditis with aortic stenosis + rupture Inter  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with aortic stenosis + rupture Inter  
 DUE TO (c) ventricular septum bulge near base  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Struck by a car + had fire injury + ribs  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Struck by a car on 11-21-61  
 20c. TIME OF INJURY Hour Month, Day, Year  
11-21-61 Street

20d. INJURY OCCURRED WHILE AT WORK? YES  NOT WHILE AT WORK   
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Street  
 20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Kansas City Jackson MO  
 21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Ruth A. Owens  
 22b. ADDRESS  
152 Union Station  
 22c. DATE SIGNED  
12-13-61  
 23a. BURIAL, CREMATION, REMOVAL (Specify)  
Cremation  
 23b. DATE  
12-13-61  
 23c. NAME OF CEMETERY OR CREMATORY  
D. W. Newcomer's Sons  
 23d. LOCATION (City, town, or county) (State)  
Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS  
Stine & McClure Kansas City, Missouri  
 25. DATE RECD. BY LOCAL REG.  
12-13-61  
 26. REGISTRAR'S SIGNATURE  
Ruth Long

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

H. Owens

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FEB 15 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 William M. Duran

Licensed Embalmer No. 4648

P. O. Address Lawson City

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.