

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047605
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 4526 Registrar's No. 225

FILED JAN 3 1962

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sheldon		c. CITY OR TOWN Sheldon	
Length of stay in 1b- 35 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sheldon, Mo.		d. STREET ADDRESS (If outside, give location) Sheldon	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ernest Middle Henry Last Hornecker			4. DATE OF DEATH Month Dec Day 21 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/12/1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Quincy Ill		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Ernest Hornecker		13b. MOTHER'S MAIDEN NAME Ponka Ett Burns		14. NAME OF HUSBAND OR WIFE Effie Gordon Hornecker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.	17. INFORMANT Effie Hornecker Sheldon Mo Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Cerebral hemorrhage**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Cardiovascular disease**

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH **2 wks**

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.
 Yes No 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 10/18/60 to 12/21/61 and last saw him live on 12/18/61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) A. R. Cain M.D.	22b. ADDRESS Lamar, Mo	22c. DATE SIGNED 12/27/61
--	----------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/24/61	23c. NAME OF CEMETERY OR CREMATORY Sheldon, Mo.	23d. LOCATION (City, town, or county) Vernon Mo.
--	------------------------------	---	--

24. FUNERAL DIRECTOR Beany Funeral Home Sheldon, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Dec 30-1961	26. REGISTRAR'S SIGNATURE Anna J. Gurry
--	---------	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

INSTEAD OF

SHOULD READ

ITEM NO.

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 H. Bernard Benz

Licensed Embalmer No. 4161

P. O. Address Sheldon Mo

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.