

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003130

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. - Registrar's No. 13

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 16 1963

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

3. NAME OF DECEASED (Type or print) Lawrence Horn			4. DATE OF DEATH Jan 6, 1963	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 16, 1893	9. AGE (last birthday) 69	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) Retired	10b. KIND OF BUSINESS OR INDUSTRY Retired.	11. BIRTHPLACE (City and state or country) Chestnut Ridge Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Allen Horn	13b. MOTHER'S MAIDEN NAME Louise Mc Kee	14. NAME OF HUSBAND OR WIFE Irene Horn
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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) No	17. INFORMANT Mrs Irene Horn Cantwell, Mo
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16. 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 15 MIN
IMMEDIATE CAUSE (a) acute myocardial infarction		
DUE TO (b) Arteriosclerotic heart disease		
DUE TO (c) coronary atherosclerosis		

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
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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.)
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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 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 1961 to Jan 6 1963 and last saw him alive on Jan 1 1963 Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.L. Foster M.D. (Degree or title)	22b. ADDRESS Desloge Mo	22c. DATE SIGNED Jan 9, 63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-9-1963	23c. NAME OF CEMETERY OR CREMATORY Chestnut Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Chestnut Ridge Mo
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24. FUNERAL DIRECTOR Caldwell Funeral Home Flat River, Mo	25. DATE RECD. BY LOCAL REG. Jan 9, 1963	26. REGISTRAR'S SIGNATURE Ethel K. Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
1 0940
2 0940
3
4 0
5 1
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7 0
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9 4200
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12 90-0
13 1-0

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

DR. Foster
USE BLACK INK OR TYPEWRITER RIBBON

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 Donald Dale Credwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.

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