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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32990**

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4216** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Calhoun	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Calhoun, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION M.K. & T. R.R. Crossing		e. STREET ADDRESS (If rural, give location) 3 miles south of Calhoun	

3. NAME OF DECEASED (Type or Print) a. (First) Viola b. (Middle) E c. (Last) HORN	4. DATE OF DEATH Month 11 Day 10 Year 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31, 1883	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 3 Days 10	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Johnson County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Theodore Craig	13b. MOTHER'S MAIDEN NAME Jane Jones	14. NAME OF HUSBAND OR WIFE John G. Horn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John G. Horn	ADDRESS Calhoun Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed skull		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8104 27	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Car train wreck	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Calhoun Henry Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-10-55 3:35 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to **11-10**, 1955, that I last saw the deceased alive on **DOA**, 1955, and that death occurred at **3:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. J. Howell D.O. (Coroner)	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 11/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 13, 1955	24c. NAME OF CEMETERY OR CREMATORY Laural Oak	24d. LOCATION (City, town, or county) (State) Windsor Mo
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DATE REC'D BY LOCAL REG. 11-12-55	REGISTRAR'S SIGNATURE Mildred Biggs	25. FUNERAL DIRECTOR'S SIGNATURE J. A. Halsey	ADDRESS Calhoun Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 8 1958

NOV 21 1958

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..... *Robert J. Dunning*

Licensed Embalmer No..... *H.*

P. O. Address..... *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.