

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10317** STATE FILE NUMBER **63-041587**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in lb 20 MINUTES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Francois		c. CITY OR TOWN DESLOGE		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.				Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 511 JACKSON STREET				Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First MONTIE T. Middle HORN Last						4. DATE OF DEATH Month 10 Day 14 Year 63					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 9/24/91		9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) BONNE TERRE, MISSOURI, U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME THEODORE HORN				13b. MOTHER'S MAIDEN NAME LUELLA ANDREWS				14. NAME OF HUSBAND OR WIFE HESSIE HORN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WW-1				16. SOCIAL SECURITY NO. 490 03 2779A				17. INFORMANT HESSIE HORN (WIDOW) SEE #2			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COR PULMONALE; DUE TO (b) PULMONARY EMPHYSEMA DUE TO (c) 527.1 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 ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐									
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION DESLOGE, MISSOURI									
20g. COUNTY		20h. STATE									
21. I attended the deceased from 9/1/63 to 10/14/63 and last saw him alive on 10/14/63 Death occurred at 2:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) HAROLD GAEHE, M.D.						22b. ADDRESS 108 N. MAIN ST., DESLOGE, MISSOURI			22c. DATE SIGNED 10/16/63		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/17/1963		23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cem.				23d. LOCATION (City, town, or county) (State) St. Francois Co. Missouri			
24. FUNERAL DIRECTOR Boyer Funeral Home Desloge, Missouri						25. DATE RECD. BY LOCAL REG. 10-16-1963		26. REGISTRAR'S SIGNATURE Boyd Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.