

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28456

9-10-52
FILED SEP 10 1952

State File No. 28456
REGISTRATION DISTRICT NO. 2001
Registrar's No. 379

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 379	
1. PLACE OF DEATH a. COUNTY Jasper 04950				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Jasper 0492			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 214 S. Tom St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Nettie		b. (Middle) Alberta		c. (Last) Marshall Horine	
4. DATE OF DEATH		Month Aug.		Day 27,		Year 1952	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH July 23, 1875	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR 1	11. UNDER 1 MRS. 4	12. UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Bland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Cornelius Wells		13b. MOTHER'S MAIDEN NAME Malinda Thomas		14. NAME OF HUSBAND OR WIFE Charles Horine			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Oma M. Morris, Leadwood, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/26, 1952, to 8/27, 1952, that I last saw the deceased alive on 8/27, 1952, and that death occurred at 6:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. M. Ferguson				23b. ADDRESS Mrs. O. Webb City, Mo.		23c. DATE SIGNED 8/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-29-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Mo.	
DATE REC'D BY LOCAL REG. 9-2-52		REGISTRAR'S SIGNATURE G. M. Ferguson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo. Funerary			

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

RECEIVED 9-9-52
Jasper County Health Office
County File Number 52/9/705
Date Filed 9-9-52

JUN 30 1955

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 myself

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City, 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 this body is not embalmed, fact should be so stated above.