

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30531

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>5547</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Florida</u> b. COUNTY <u>?? 8070</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monticello</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Miami</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway 3</u>				e. STREET ADDRESS (If rural, give location) <u>???</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>David</u>		c. (Last) <u>VanHorn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 5 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 3 1930</u>		9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 4 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. J.C.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Coast Guard</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Vernon, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Arch Van Horn</u>			13b. MOTHER'S MAIDEN NAME <u>Thelma West</u>		14. NAME OF HUSBAND OR WIFE <u>Joann Henderson VanHorn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <u>Yes Coast Guard</u>			16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Thelma VanHorn, Chicago, Ill.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of neck</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Chest</u> DUE TO (c) <u>Camp comminuted fracture of right leg</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple Bruises</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden Death</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>o 45</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <u>HOMICIDE</u> <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fayette Howard Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-5-1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
I hereby certify that I attended the deceased from <u>9-5, 1956</u> to <u>9-5, 1956</u> , that I last saw the deceased alive on <u>9-5, 1956</u> , and that death occurred at <u>5:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Bloom M. D. Coronel</u>				23b. ADDRESS <u>Fayette Mo</u>		23c. DATE SIGNED <u>9-7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>9-7-56</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman &amp; Boller, Boonville, Mo.</u>			

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

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OCT 10 1958

OCT 17 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 *William W. Wood*

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.