

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010656
State File No.

FILED MAR 24 1958

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5693 Registrar's No. 101

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dawn (Blue Mound Twp)</u>		c. LENGTH OF STAY (in this place) <u>9 years</u>	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 <u>Dawn Rte 2-14 Mi. S.W. Ch. Chillicothe</u>		e. STREET ADDRESS (If rural, give location) <u>Dawn Rte 2-14 Mi. S.W. Chillicothe</u>	
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) <u>Raymond</u>	
c. (Last) <u>Van Horn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 17 1958</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>July 29 1896</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lewis J. Van Horn</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary C. Utley</u>		14. NAME OF HUSBAND OR WIFE <u>Alta Van Horn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-44-1875</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>x Alta Van Horn</u>		ADDRESS <u>Dawn, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>Few minutes</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <u>4201</u> <u>21</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Mar. 16, 1958</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Joseph A. Conrad M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>	
23c. DATE SIGNED <u>Mar. 18 58</u>		24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3/19/1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Van Horn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Chilo. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u>	
DATE REC'D BY LOCAL REG. <u>3/18/58</u>		REGISTRAR'S SIGNATURE <u>Frances B. Nault</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Funeral Home - Chilo Mo</u>			

MAY 15 1967

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 *J. M. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo*

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.