

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13708

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 151

940

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

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>	
b. CITY OR TOWN <u>Leadington, Mo.</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Leadington, Mo.</u>	0940
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Carruth</u> c. (Last) <u>Horton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 - 1951</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 18 - 1890</u>	9. AGE (In years last birthday) <u>60-8-13</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mountaineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Miss. Le Motte, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Mr. William Horton</u>	13b. MOTHER'S MAIDEN NAME <u>Miss Belle Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Moore Horton (Deceased)</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>493-03-908</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Claude Horton (son) Leadington, Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of both lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>		
	DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho pneumonia</u>		about 6 weeks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Inoperable carcinoma of both lungs</u>	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)	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 11-18-50, 19 , to 3-31-51, 19 , that I last saw the deceased alive on 3-31-51, 19 , and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Jones M.D.</u>	(Degree or title)	23b. ADDRESS <u>Flat River, Mo.</u>	23c. DATE SIGNED <u>4-2-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 3-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park View</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 24, 1951</u>	REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>303 Chestnut Flat River, Mo.</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 30 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Alvin W. Hood

Signed.....
Student Embalmer

Licensed Embalmer No. 2780

P. O. Address 303 Cass St Flat 2, Paris,

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.