

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36583  
Do not use this space.

DEC'D NOV 10 1938

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 716  
 (b) Township Tanner Primary Registration District No. 5945 Registered No. 18  
 (c) City Crocker, Mo. (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Jackson Decker

(a) Residence, No. Crocker, Pulaski County St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora Lee Decker  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1870  
 7. AGE YEARS 68 MONTHS 7 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer & Merchant  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski County, Mo.

FATHER 13. NAME Henry Decker 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER 15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

17. INFORMANT F. L. Decker  
(ADDRESS) Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cemetery DATE Nov. 2, 1938

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS  
(ADDRESS) Crocker, Mo.

20. FILED Nov 10, 1938 H. J. Kelly  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11:00 a.m. 1938 to 3:14 p.m. 1938  
 I last saw him alive on Oct 31st 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis of the  
Arteries  
 Date of onset 3/1/36

Other contributory causes of importance:  
Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ?  
 Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) H. J. Kelly, M. D.  
343 (Address) Crocker, Mo.

**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,

*Paul B. Hooper*

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Paul B. Hooper*

Licensed Embalmer No. *3761*

P. O. Address *Grocker, 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, above space should be left blank.**