S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41236

State File No.

FILED JAN 5 1948

Registration District No. 84

Primary Registration District No. 5318

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Rural, Lebanon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 miles ~~None~~ West Syracuse
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles west Syracuse 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Native

3. (a) PRINT FULL NAME James Wesley Decker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Perla Decker

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May (Month) 17th (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	6	21	hr. min.

9. Birthplace Cooper County (City, town, or county), Missouri (State or foreign country) 0

10. Usual occupation Farmer and Stockman

11. Industry or business Farm

FATHER
12. Name John Wesley Decker
13. Birthplace --- (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Margaret Ann Dinwiddie
15. Birthplace Florence (City, town, or county), Missouri (State or foreign country) 0

16. (a) Informant Perla Decker (Wife)
(b) Address Syracuse, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Syracuse, Mo.

18. (a) Signature of funeral director Janelle E. Richards
(b) Address Tipton, Mo.

19. (a) 12-10-47 (Date received local registrar) (b) Nellie Mullett (Registrar's signature) 73

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from December 6th, 1947, to December 8th, 1947; that I last saw him alive on December 7th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94A
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature P V Siegel (M. D. or other) M.D.

Address Smithton Mo. Date signed 12/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 1-2-48

APR 5 '48

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~~ _____ Registered Apprentice No. _____ working under my personal supervision.

Signed Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.