FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 19 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6068

State File No. 17333
Registrar's No. 144

1. PLACE OF DEATH:
(a) County ST. FRANCOIS
(b) City or town BLACKWELL, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (Big River Twp)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ST. FRANCOIS
(c) City or town Blackwell
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME JOSEPH EDWARD DECLUE
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased SEPT (Month) 11 (Day) 1867 (Year)

8. AGE: Years 80 Months 7 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Tiff Miner
11. Industry or business —
FATHER
12. Name Joseph De Clue
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Recarr
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant VIRGIL J. BELEW
(b) Address Blackwell, Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof MAY 8 1948 (Month) (Day) (Year)
(c) Place: burial or cremation OLD MINES, MO
18. (a) Signature of funeral director Daniel J. Mahn
(b) Address De Soto, Mo.
19. (a) 5-8-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1948 hour 1 minute 00 P.M.
21. I hereby certify that I attended the deceased from Mar 1948 to 6 May 1948
that I last saw him alive on 22 April 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemorrhage	2 Mo.
Due to Gen. arteriosclerosis	yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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
23. Signature Noel V. McPhintin (M. D. or other) M.D.
Address De Soto, Mo. Date signed 7 May 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
District File Number 548-6
Date Filed 5-18-48

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 Daniel J. Mahn Jr.

Licensed Embalmer No. 4326

P. O. Address De Soto, 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.