

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32567
Registrar's No. 931-A

FILED NOV 8 1948
Registration District No. 228

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 822 West Kearny
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lee William Decker
(b) If veteran, name war No.
(c) Social Security No. No. not known

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 26
year 1948 hour 8 minute 05 A.M.
21. I hereby certify that I attended the deceased from 10/21/48
1948 to 10/26/48 1948
that I last saw him alive on 8:05 AM 10/26 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Beulah Deckard
alive 62 years
7. Birth date of deceased January 13 1881
(Month) (Day) (Year)

Immediate cause of death
Hypertensive cardiac - vascular disease
Duration 7
Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations 93P
Of autopsy

8. AGE: Years Months Days If less than one day
67 4 13 hr. min.

9. Birthplace Near Niangua Webster Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Concrete Finisher

11. Industry or business

12. Name Green Deckard
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Deckard

(b) Address 822 W. Kearny, Springfield, Mo.

17. (a) Burial (b) Date thereof 11-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) 11-3-48 (b) W. S. Handley MD
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Edward Marcus M.D. (M. D. certifier)
Address 673 Woodrup Bldg, City Date signed 10/28/48

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.....

AH Mc Cann

Licensed Embalmer No.....

2727

P. O. Address.....

Springfield, 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.