

FILED FEB 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 42403

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5286 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY CLARK		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLARK	
b. CITY (If outside corporate limits, write RURAL and give township) WYACONDA Mo		c. CITY (If outside corporate limits, write RURAL and give township) WYACONDA Mo	
c. LENGTH OF STAY (in this place) 15 wks		d. STREET ADDRESS (If rural, give location) 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION WYACONDA			

3. NAME OF DECEASED (Type or Print) NELLIE	a. (First)	b. (Middle) E	c. (Last) DECK	4. DATE OF DEATH (Month) (Day) (Year) DEC 31 1948
---	------------	------------------	-------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 29, 1874	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 2	Hours Min.
------------------	---------------------------	--	-----------------------------------	------------------------------------	--------------------------	-------------------------	------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KNOX, COUNTY MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	--

13a. FATHER'S NAME GEORGE F. BURCHAM	13b. MOTHER'S MAIDEN NAME MARYE PIPER	14. NAME OF HUSBAND OR WIFE C.O. DECK
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME G.V. Basket	ADDRESS WYACONDA, MO
--	-------------------------	--	-------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			93

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 422.2	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) / / m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 1/10 1948, 12/31 1948, that I last saw the deceased alive on 1-1-49, 1949, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE R. Bridges MO. D.	(Degree or title)	23b. ADDRESS Kokomo MO	23c. DATE SIGNED 1-25-49
-------------------------------------	-------------------	---------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Jan 3 - 1949	24c. NAME OF CEMETERY OR CREMATORY LIBERTY	24d. LOCATION (City, town, or county) (State) CLARK County MO
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. 1-25-49	REGISTRAR'S SIGNATURE R. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE George V Basket	ADDRESS WYACONDA MO
-------------------------------------	-------------------------------------	---	------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

28  
0  
J

FEB 23 1949

RECEIVED

District Health Officer No. 10

District File Number 2-49-167

Date Filed FEB 2 - 1949

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 \_\_\_\_\_

George V Baskett

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed George V Baskett

Licensed Embalmer No. 1817

P. O. Address Wyanona, Cm

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.