

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 33506

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 34

| | | | | | |
|--|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u> | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u> | | 37 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. | | | d. STREET ADDRESS (If rural, give location) | | |
| 3. NAME OF DECEASED (Type or Print) <u>Ralph Edward Decker</u> a. (First) <u>Ralph</u> b. (Middle) <u>Edward</u> c. (Last) <u>Decker</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-24-1949</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>9-23-1949</u> | 9. AGE (In years last birthday) | # UNDER 1 YEAR Months <u>1</u> Days <u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>***</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>***</u> | 11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>Kenneth Decker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Bialczyk</u> | | 14. NAME OF HUSBAND OR WIFE <u>***</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>***</u> | 16. SOCIAL SECURITY NO. <u>***</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kenneth Decker Owensville, Mo.</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Infant</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>97LX</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 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 <u>Sept 24, 1949</u> , to <u>Sept 24, 1949</u> , that I last saw the deceased alive on <u>Sept 24, 1949</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. M. Keller M.D.</u> | | 23b. ADDRESS <u>Owensville, Mo.</u> | | 23c. DATE SIGNED <u>9-24-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-25-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Belle, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Oct. 3, 1949</u> | REGISTRAR'S SIGNATURE <u>Santhony ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael H. H. Winters OWENSVILLE, Mo.</u> | | |

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

District File Number _____
District Health Officer No. 9
RECEIVED OCT 24 1919

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 _____
Student Embalmer No. _____
working under my personal supervision.

NO EMBALMING

Signed _____
Student Embalmer _____
Licensed Embalmer No. 3838
Owensville, Mo.
P. O. Address _____

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.