

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44011

BIRTH NO. _____ REG. DIST. NO. 292 DELAYED PRIMARY REG. DIST. NO. 6002 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Saltriver		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Saltriver	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family residence		d. STREET ADDRESS (If rural, give location) Saltriver township	
3. NAME OF DECEASED (Type or Print) a. (First) Neva		b. (Middle) - c. (Last) Deckard	
4. DATE OF DEATH August 21, 1949		5. SEX Female 6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Feb. 3, 1878	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	
11. BIRTHPLACE (State or foreign country) Farmington, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Joshua Rosenstengle		13b. MOTHER'S MAIDEN NAME Sara Jane Howald	
14. NAME OF HUSBAND OR WIFE Mora Deckard, Deceased		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. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Ed Deckard, Perry, Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma uterus & Rectum	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 yr	
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		176X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Dec 1, 1948 , to Aug 21, 1949 , that I last saw the deceased alive on Aug 21, 1949 , and that death occurred at 6:30 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE John E. Brown (Degree or title) M.D.		23b. ADDRESS Perry, Missouri	
23c. DATE SIGNED 4/6/50		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 8/23/49		24c. NAME OF CEMETERY OR CREMATORY Wolf cemetery	
24d. LOCATION (City, town, or county) (State) Perry, Missouri		DATE REC'D BY LOCAL REG. 4/6/50	
REGISTRAR'S SIGNATURE Clyde Wilbey		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Wilbey ADDRESS Perry, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Clyde Wilbey

Signed.....
Student Embalmer

Licensed Embalmer No. 3820

P. O. Address Perry, 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.