

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4495

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY: <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Springfield</u>	
c. LENGTH OF STAY (in this place): <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location): <u>844 N. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>800 Blk. N. Main</u>			

3. NAME OF DECEASED (Type or Print) a. (First): <u>Horace</u> b. (Middle): _____ c. (Last): <u>Deck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1950</u>		
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Married</u>	
8. DATE OF BIRTH: <u>April 9 1881</u>		9. AGE (In years last birthday): <u>68</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Burge Hosp.</u>	
11. BIRTHPLACE (State or foreign country): <u>Texas County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME: <u>Moses Deck</u>		13b. MOTHER'S MAIDEN NAME: <u>Alice Rippee</u>		14. NAME OF HUSBAND OR WIFE: <u>Fannie Deck</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>NO</u>		16. SOCIAL SECURITY NO.: <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Mrs. Fannie Deck Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>probably coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		UNATTENDED BY A PHYSICIAN <u>7-20-1</u>	

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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE: <u>W.L. Handley</u> (Degree or title) <u>Local Registrar</u>		23b. ADDRESS: <u>City Hall Springfield Mo</u>		23c. DATE SIGNED: <u>2/23-50</u>	
24a. BURIAL CREMATION-REMOVAL (Specify): <u>Burial</u>		24b. DATE: <u>2/23/50</u>		24c. LOCATION (City, town, or county) (State): <u>Eastlawn Springfield, Mo.</u>	

DATE REC'D BY LOCAL REG.: <u>2-23-50</u>		REGISTRAR'S SIGNATURE: <u>W.L. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <u>H.H. Lohmeyer Springfield, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed.....

Walter E. Hamilla

Signed.....

Student Embalmer

Licensed Embalmer No. *3808*

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.