

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5602

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5866</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Myrtle</u>		c. LENGTH OF STAY (in this place) <u>14 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Myrtle</u>		d. STREET ADDRESS (If rural, give location) <u>750</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ervon</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Deckard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 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>Feb. 6, 1895</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u>7</u> Min. _____		11. BIRTHPLACE (State or foreign country) <u>Alton R.R.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jess Deckard</u>		13b. MOTHER'S MAIDEN NAME <u>Phobia Pingleton</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Deckard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Deckard</u>		ADDRESS <u>Alton, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</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) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>	
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) _____		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>1-3-</u> , 1950, to <u>1-13-</u> , 1950, that I last saw the deceased alive on <u>1-9-</u> , 1950, and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John R. Ellison</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>9. Hayes</u>		23c. DATE SIGNED <u>2-3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cotton Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Myrtle Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 19-50</u>		REGISTRAR'S SIGNATURE <u>Ella Cross</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carter</u> ADDRESS <u>Funeral Home Thayer, Mo.</u>			

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

RECEIVED 2/23/50  
District Health Officer No. 5,  
District File Number 250132  
Date Filed 2/24/50

MAR 21 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Edward Carter*

Licensed Embalmer No. 4516

P. O. Address Thayer Ave

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.