

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19788**

FILED JUL 7- 1951

0331

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

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salem</u>		c. LENGTH OF STAY (In this place) <u>few days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hartville</u>		<u>1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>xx</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Verna</u>			b. (Middle) <u>M</u>			c. (Last) <u>Deckard</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 20/51</u>							
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec 12 1879</u>	
9. AGE (In years last birthday) <u>72</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>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (State or foreign country) <u>Hartville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>
13a. FATHER'S NAME <u>J. P. Mingus</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Connelly</u>			14. NAME OF HUSBAND OR WIFE <u>John R. Deckard</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>x</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. Oscar Brown</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>Arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/200</u>				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) (Min.)		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>6-18-</u> , 19 <u>51</u> , to <u>6-20-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-20-51</u> , 19 <u>51</u> , and that death occurred at <u>9:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. M. Hart</u>				23b. ADDRESS <u>Salem Mo</u>		23c. DATE SIGNED <u>6-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Baptist Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Near Hartville Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-21-51</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. E. Spencer</u>		ADDRESS <u>Salem Mo</u>	

File No. ....

DISTRICT HEALTH OFFICE No. 4

JUL - 3 1951

RECEIVED

DEC 2 1957

JUL 29 1955

FEB 18 1958

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.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No. ....  
*Carl H. Spitzer*

Licensed Embalmer No. *2370*

P. O. Address *Salem, 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.