

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

146

State File No. _____

FILED JAN 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4041</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>BOLLINGER</u>				a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLEN ALLEN</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLEN ALLEN</u> <u>0090</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GERRY</u>		b. (Middle) <u>LYNN</u>		c. (Last) <u>DECK</u>	
4. DATE OF DEATH		(Month) <u>1</u> (Day) <u>12</u> (Year) <u>1952</u>					
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>10-20-1950</u>		9. AGE (In years last birthday) <u>1</u> Months <u>14</u> Days <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ELBERT DECK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HOLT</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELBERT DECK</u>		ADDRESS <u>GLEN ALLEN Mo.</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>Butter bean in trachea</u>		<u>10 minutes</u>	
				DUE TO (c) <u>aspiration of bean</u>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Bean lodged 2 inch above bifurcation in trachea</u>				20. AUTOPSY? ☒ YES ☐ NO	
21a. ACCIDENT SUICIDE HOMICIDE <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>store</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Glen Allen Bollinger Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 12 52 PM</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>E92216</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, 19____, and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Fairview Mo</u>		23c. DATE SIGNED <u>1/14/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GLEN ALLEN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>GLEN ALLEN Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 13, 52</u>		REGISTRAR'S SIGNATURE <u>Willie Y. Amburge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		ADDRESS <u>WATESVILLE Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

11-1-1914

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 J. E. Graham

Signed _____
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.