

FILED MAY 7- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11981

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5111</u>		Registrar's No. <u>213</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL LIBERTY TWP.</u>				c. LENGTH OF STAY (in this place) <u>LIFETIME</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR HAHN</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>0090</u> OR TOWN <u>RURAL LIBERTY TWP.</u>			
d. STREET ADDRESS <u>NEAR HAHN</u>				d. STREET ADDRESS (If rural, give location) <u>NEAR HAHN</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ARMINTA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>DECK</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>2</u>		(Year) <u>1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-19-1869</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.F.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY MYERS</u>		13b. MOTHER'S MAIDEN NAME <u>RUHA HAHN</u>		14. NAME OF HUSBAND OR ~~WIFE~~ <u>JOHN F. DECK</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>JOHN F. DECK</u> ADDRESS <u>HAHN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of the heart & blood vessels</u> 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				20. AUTOPSY? YES ☐ NO ☐	
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)		4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/2</u> , 19 <u>49</u> , to <u>5/3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/20</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Meyers</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Buttsville Mo.</u>		23c. DATE SIGNED <u>5/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BUTTSVILLE Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 3-1952</u>		REGISTRAR'S SIGNATURE <u>Willie C. Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>BUTTSVILLE, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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, Md.*

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.