

No. 450  
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AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24311

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HOWELL</u>	
b. CITY OR TOWN <u>WEST PLAINS</u>		c. LENGTH OF STAY (in this place) <u>2400</u>	c. CITY OR TOWN <u>WEST PLAINS, MO. 0461</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURNS REST HOME</u>		d. STREET ADDRESS (If rural, give location) <u>LYDIA AVE.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>EMMALINE</u> c. (Last) <u>DECKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-11-52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>WT</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>12-22-1867</u>
9. AGE (In years, Months, Days) <u>84</u> <u>6</u> <u>20</u>		9. AGE (In years, Months, Days) <u>84</u> <u>6</u> <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>KULASKI, CO. PA.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>B. S. PRICE</u>	
13b. MOTHER'S MAIDEN NAME <u>NICIE DADOLT</u>		14. NAME OF HUSBAND OR WIFE <u>J. A. DECKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>HOMER DECKER</u> ADDRESS <u>WEST PLAINS, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>7-11-52 EAB</u>		22. I hereby certify that I attended the deceased from <u>12-23-1949</u> to <u>7-11-1952</u> that I last saw the deceased alive on <u>7-10-1952</u> , and that death occurred at <u>9:15 PM</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Tele Bohner</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>West Plains, Mo.</u>	
23c. DATE SIGNED <u>7-30-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	
24b. DATE <u>7-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SWEETON</u>	
24d. LOCATION (City, town, or county) (State) <u>DORA, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beatrice Cook</u> ADDRESS <u>West Plains, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-7-52</u>		REGISTRAR'S SIGNATURE <u>379</u>	

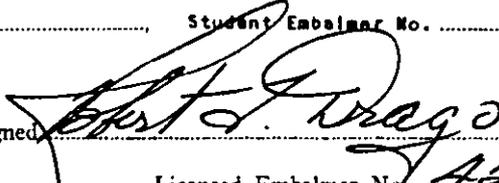
STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 4547

P. O. Address W.P. 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.