No. 300
10.48

FILED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13098

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. ~~45~~ 6287 Registrar's No. 37

1140

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

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO.
b. COUNTY: WRIGHT.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURIAL 1140
d. STREET ADDRESS (If rural, give location): SEYMOUR MO.R.F.D.1. 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): G. DECKARD
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 3-25-53

5. SEX: M. 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 10-2-1858
9. AGE (In years last birthday): 94. 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): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): BLUMINGTON IND. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DAVID DECKARD
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: JANNIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS.FRED IPOCK.SEYMOUR MO.

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): Coronary Acclusion

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ viewed the deceased from* Mar 26, 1953, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1.15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Grable 3 Coroner
23b. ADDRESS: Mtn Grove MO
23c. DATE SIGNED: 3/26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-29-53
24c. NAME OF CEMETERY OR CREMATORY: Newhope
24d. LOCATION (City, town, or county) (State): WRIGHT CO. MO.

DATE REC'D BY LOCAL REG.: 3-30-53
REGISTRAR'S SIGNATURE: [signature] 384-91
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Robert Bergman Seymour Mo

(Licensed Embalmer's Statement on Reverse Side)

WRIGHT CO. HEALTH DEPT.
County File Number 453-42
Date Filed 4-4-42

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 Max F Miller
Licensed Embalmer No. 4720
P. O. Address Mansfield 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.