

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21356**

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465** Registrar's No. **556B**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural North Campbell 800000 Iwp. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Republic. | |
| c. LENGTH OF STAY (In this place) 1 Year | | d. STREET ADDRESS (If rural, give location) No Street Address | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Duncan Rest Home | | e. ADDRESS 0370 | |

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|---|--|-------------|---|-----------|--|
| 3. NAME OF DECEASED (Type or Print) SABENA JONES DECKER | | | 4. DATE OF DEATH (Month) (Day) (Year) June 11, 1953 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

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|---|--|-------------------------------|--|--|--|---|--|---|--|----------------------------------|--|
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Aug. 29, 1871 | | 9. AGE (In years last birthday) 81 | | 10. F UNDER 1 YEAR OR Hours MIN. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | | 11. BIRTHPLACE (State or foreign country) Pike County, Ohio | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |

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|--------------------------------------|--|---|--|--|--|
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Col. James E. Decker | |
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|---|--|--------------------------------------|--|---|--|---------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME Edward L. Britain | | ADDRESS Republic, Mo. | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION Cerebral Hemorrhage | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | DUPLICATE TO (b) Atherosclerosis | | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|------------------------|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331x | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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|---|--|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | | 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 **January, 1951**, to **June 11, 1953**, that I last saw the deceased alive on **June 10, 1953**, and that death occurred at **7:30P m.**, from the causes and on the date stated above.

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|--|--|---|--|------------------------------------|--|
| 23a. SIGNATURE R. B. Mitchell M.D. | | 23b. ADDRESS Republic, Missouri | | 23c. DATE SIGNED 6/12/53 | |
|--|--|---|--|------------------------------------|--|

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|--|--|-----------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6/13/53 | | 24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery | | 24d. LOCATION (City, town, or county) (State) Republic, Missouri | |
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|--|--|--|--|---|--|--------------------------------------|--|
| DATE REC'D BY LOCAL REG. 6/25/53 | | REGISTRAR'S SIGNATURE Edith Williams | | 25. FUNERAL DIRECTOR'S SIGNATURE Max L. Forrest | | ADDRESS Republic, Missouri | |
|--|--|--|--|---|--|--------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

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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 John S. McHadd

Licensed Embalmer No. 4635

P. O. Address Republic, Ma

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.