

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25476**

FILED JUL 23 1953

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 5625		Registrar's No. 106			
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Laclede					
b. CITY (If outside corporate limits, write RURAL and give township) DeCATORVILLE		c. LENGTH OF STAY (In this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) DeCATORVILLE - Anglaize		d. STREET ADDRESS (All rural, give location) Star Route 0530			
d. FULL NAME OF HOSPITAL OR INSTITUTION Belle's View Home				d. STREET ADDRESS (All rural, give location) Star Route 0530					
3. NAME OF DECEASED a. (First) Andrew (Type or Print)			b. (Middle) Deck		c. (Last) Jackson		4. DATE OF DEATH (Month) (Day) (Year) July 8 53		
5. SEX male		6. COLOR OR RACE Wht		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb 21 - 1876		9. AGE (In years Last birthday) Months Days 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when it reached)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
Painter & artist			Brush			Seneca Okla		USA	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 514-63-8737		17. INFORMANT'S SIGNATURE OR NAME Belle's View Home above				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer rectum				1 year	
				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.				154 X	
19a. DATE OF OPERATION May 14, 1953		19b. MAJOR FINDINGS OF OPERATION Cancer rectum with widespread metastasis.						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)		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 May 1, 1953 , to July 8, 1953 , that I last saw the deceased alive on June 15, 1953 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE F.H. Johnson (Degree or title) MD				23b. ADDRESS Lebanon Mo				23c. DATE SIGNED 7-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
Burial		July 10-53		Lebanon		Lebanon		Mo	
DATE REC'D BY LOCAL REG. 7-11-1953		REGISTRAR'S SIGNATURE Bella L. Ray		424 25. FUNERAL DIRECTOR'S SIGNATURE Bankson-Woolery		ADDRESS Chillicothe Mo			

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

JUL 18 1953

received.....

Laclede County Health Unit

File No. 7-53-112

Date Filed JUL 21 1953

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.