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FILED AUG 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25988

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 987 Registrar's No. 887

1. PLACE OF DEATH
a. COUNTY: XXXXXX Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairdealing
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): Highway 14-Fairdealing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ripley
b. COUNTY: Missouri
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Doniphan Twp.
d. STREET ADDRESS (If rural, give location): South of Doniphan, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Rollie
b. (Middle):
c. (Last): Deckard

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 31, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 6, Days 28; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (City and State or Foreign Country): Brown County, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Isaac Deckard
13b. MOTHER'S MAIDEN NAME: Delliliah Lewis
14. NAME OF HUSBAND OR WIFE: Belle Deckard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Belle Deckard — ADDRESS: Doniphan, 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) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocarditis degenerative
DUE TO (c) mitral insufficiency 3rd degree

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 490 X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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): none m.
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* June 19, 1953, *to* July 29, 1953, *that I last saw the deceased alive on* July 27, 1953, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hewitt MD
23b. ADDRESS: Naylor Mo
23c. DATE SIGNED: 8/3/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-31-53
24c. NAME OF CEMETERY OR CREMATORY: Kinsey Cemetery
24d. LOCATION (City, town, or county) (State): Butler County, Missouri

DATE REC'D BY LOCAL REG.: 8-4-53
REGISTRAR'S SIGNATURE: [illegible] Johnston 277
25. FUNERAL DIRECTOR'S SIGNATURE: Black-Edwards — ADDRESS: Doniphan, Mo.

(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.

Student .....
Student Embalmer

Signed Gene H Parrent

Licensed Embalmer No. 4809

P. O. Address Doniphan, M

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

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