

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12715**

FILED MAY 6 1955

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4352** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VERSAILLES		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VERSAILLES	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 604 S. MONROE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 604 S. MONROE			

3. NAME OF DECEASED (Type or Print)	a. (First) OLIVER	b. (Middle) ARTHUR	c. (Last) DECKER	4. DATE OF DEATH	(Month) APRIL	(Day) 23	(Year) 1955
-------------------------------------	--------------------------	---------------------------	-------------------------	------------------	----------------------	-----------------	--------------------

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HRS. MIN.
			JULY 2, 1882	72	9	21	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) BARNETT Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME AUSTIN DECKER	13b. MOTHER'S MAIDEN NAME Sadie CAROLL	14. NAME OF HUSBAND OR WIFE LAURA JANE DECKER
---	---	--

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. NOT Available	17. INFORMANT'S SIGNATURE OR NAME ELMER DECKER	18. ADDRESS VERSAILLES, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic uremia		3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of bladder		1 year
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 181X	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) (Min.)	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 **July 1954** to **April 23, 1955** that I last saw the deceased alive on **April 23, 1955**; and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Jack Gunn M.D.	(Degree or title)	23b. ADDRESS Versailles Mo.	23c. DATE SIGNED 4-24-55
--------------------------------------	-------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 26, 1955	24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery	24d. LOCATION (City, town, or county) (State) Morgan County Missouri
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. 4-25-55	REGISTRAR'S SIGNATURE J. L. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE James B. Scovener	ADDRESS Versailles, Mo.
---	--	---	--------------------------------

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

710

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 James R. Scrivener

Licensed Embalmer No. 4880

P. O. Address Thermills, MD.

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.