

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30244**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5817** Registrar's No. **52**

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 **Rural, Mill Creek** c. LENGTH OF STAY (in this place) **Life**

c. CITY OR TOWN **Syracuse** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4 Miles West Syracuse**

e. STREET ADDRESS (If rural, give location) **4 Miles West Syracuse 0710**

3. NAME OF DECEASED
a. (First) **Doctor** b. (Middle) **Cooper** c. (Last) **Decker**

4. DATE OF DEATH (Month) (Day) (Year) **Sept. 24, 1955**

5. SEX **Male** 6. COLOR (OR RACE) **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Jan. 21, 1859** 9. AGE (In years last birthday) **96**

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) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Retired** 11. BIRTHPLACE (City and State or Foreign Country) **Morgan County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Jonah Decker** 13b. MOTHER'S MAIDEN NAME **Susan Gouchanour** 14. NAME OF HUSBAND OR WIFE **Theodosia Decker (deceased)**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Monroe Neale** ADDRESS **Syracuse, Mo**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cardiac Deficiency**

INTERVAL BETWEEN ONSET AND DEATH. **2 wks**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Senility**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **4343**

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) (Minute) _____ 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 **May, 1952**, to **Sept. 18, 1955**, that I last saw the deceased alive on **9/18, 1955**, and that death occurred at **2:20 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE **G. F. Potts M.D.** (Degree or title) 23b. ADDRESS **Tipton Mo.** 23c. DATE SIGNED **9/25/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Sept. 26, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Syracuse Cemetery** 24d. LOCATION (City, town, or county) (State) **Syracuse, Mo**

DATE REC'D BY LOCAL REG. **9-27-55** REGISTRAR'S SIGNATURE **J. L. Markham 214** FUNERAL DIRECTOR'S SIGNATURE **James E. Richards** ADDRESS **TIPTON MO**

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.....
Signature of Student Embalmer

Signed *Jewell E. Richardson*
Licensed Embalmer No. *246*
P. O. Address *Lipton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.