

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37200
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200L</u>		Registrar's No. <u>473</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>1 month</u>		c. CITY OR TOWN <u>JOPLIN</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>628 N. PEARL</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>GREEK</u> c. (Last) <u>DECKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 19 1955</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC 31, 1877</u>			
9. AGE (In years last birthday) <u>77</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMEST. C</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CHAUNCEY ILL.</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			13. FATHER'S NAME <u>RICHARD GREEK</u>		13b. MOTHER'S MAIDEN NAME <u>AMY SWANK</u>		14. NAME OF HUSBAND OR WIFE <u>P.D. DECKER (DECEASED)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>LAURA DECKER</u>			ADDRESS <u>JOPLIN</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General carcinomatosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma Cervix</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertension, Diabetis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>171X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>3 mo.</u> <u>since 1951</u>	
19a. DATE OF OPERATION <u>10-17-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of endocervix.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <u>Mar. 6</u> , 19 <u>51</u> , to <u>Nov. 19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>NOV. 19</u> , 19 <u>55</u> , and that death occurred at <u>4:45A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Walter D. Moore M.D.</u>				23b. ADDRESS <u>607 Frisco Bldg. Joplin, Mo.</u>			23c. DATE SIGNED <u>11-19-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>NOV 23 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. HEDGECOCK'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>			
DATE REC'D BY LOCAL REG. <u>11-19-55</u>		REGISTRAR'S SIGNATURE <u>by Salotes Lampkins</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Dale Brown</u>		ADDRESS		

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

RECEIVED
Jasper County Health Office
County File Number 55-11-226
Date Filed NOV 21 1955

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 Dale Grove

Licensed Embalmer No. 45

P. O. Address Joplin

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.