

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **41690**

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **589**

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| 1. PLACE OF DEATH a. COUNTY RIPLEY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN | | c. LENGTH OF STAY (in this place) 60 YEARS | c. CITY OR TOWN DONIPHAN | | d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION McCONNEY REST HOME | | | e. STREET ADDRESS (If rural, give location) McCONNEY REST HOME | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) GARRETT b. (Middle) HENRY c. (Last) DECKER | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov 28-1955 | | |
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| 5. SEX MALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | 8. DATE OF BIRTH AUG 27-1871 | | 9. AGE (In years last birthday) 84 10. If UNDER 1 YEAR Days 3 11. If UNDER 1 HRS. Hours 1 Min. 45 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
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| 13a. FATHER'S NAME JOHN W. DECKER | | 13b. MOTHER'S MAIDEN NAME MATILDA ROLIWELL | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. E. C. MATHIS - DONIPHAN, MO. | | | |
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| 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) Gastric Carcinoma | | | | | INTERVAL BETWEEN ONSET AND DEATH 7 months | |
| | 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. 151X | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from **6-14**, 1955, to **11-28**, 1955, that I last saw the deceased alive on **11-28**, 1955, and that death occurred at **4:30 pm.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Henry R. Ross, D.O. | | 23b. ADDRESS Doniphan, MO. | | 23c. DATE SIGNED 12-6-55 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 11-30-1955 | 24c. NAME OF CEMETERY OR CREMATORY HONE Star Cem. | | 24d. LOCATION (City, town, or county) (State) RIPLEY Co. MISSOURI | |
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| DATE REC'D BY LOCAL REG. 12-19-55 | | REGISTRAR'S SIGNATURE Ed Johnston 27-1 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edwards Funeral Home - Doniphan, MO. | | | |
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(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.....
Signature of Student Embalmer

Signed *Gene Harrent*.....

Licensed Embalmer No. *480*

P. O. Address *Doniphan*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.