

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1950

FILED JAN 26 1956

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 4307 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. final) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Rocky Comfort	c. LENGTH OF STAY (in this place) 10 yrs	c. CITY OR TOWN Rocky Comfort	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 Her Home		e. STREET ADDRESS (If rural, give location) 0600	

3. NAME OF DECEASED (Type or Print) Aria Decker			4. DATE OF DEATH (Month) (Day) (Year) Jan. 16-56		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug-26-78	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months 4 Days 20	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. COUNTRY OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John W. Harrel	13b. MOTHER'S MAIDEN NAME Adeline Stamps	14. NAME OF HUSBAND OR WIFE Charles Decker
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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 Owen Decker	ADDRESS Metropolis-111
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331A		

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)
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 **Jan 10**, 1956, to **Jan 14**, 1956, that I last saw the deceased alive on **Jan 14**, 1956, and that death occurred at **3:10** p.m., from the causes and on the date stated above.

23a. SIGNATURE Herbert W. Salzer (Degree or title) M.D.	23b. ADDRESS Cassville Mo	23c. DATE SIGNED Jan. 19-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-18-56	24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort	24d. LOCATION (City, town, or county) (State) Rocky Comfort Mo
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DATE REC'D BY LOCAL REG. Jan 26, 1956	REGISTRAR'S SIGNATURE O. E. Pleasence	25. FUNERAL DIRECTOR'S SIGNATURE McQueen Funeral Home	ADDRESS Wheaton Mo
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Jan 23 1956

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... *Paul D. Herbert*

Licensed Embalmer No... *45*

P. O. Address *Passville*

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.