

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

4362

State File No.

No. 300
10.48

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Days		e. STREET ADDRESS (If rural, give location) RFD#7 Box 459	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print) JAMES	a. (First) A.	b. (Middle) DECKARD	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1956
--	----------------------	----------------------------	-----------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 28 March 1928	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tile Setter Helper	10b. KIND OF BUSINESS OR INDUSTRY Tile Setting	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? usa
---	---	--	---

13a. FATHER'S NAME Elmer Deckard	13b. MOTHER'S MAIDEN NAME Eva Love	14. NAME OF HUSBAND OR WIFE Charlotte Deckard
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. Korea 497-22-6552	17. INFORMANT'S SIGNATURE OR NAME Hospital Records	ADDRESS
--	--	---	---------

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) Bil. broncho pneumonia		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) & pulm. edema DUE TO (c) Rupt. Kidney, et. Per. stomach & peritonitis		"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. bleeding			"

19a. DATE OF OPERATION 2/17/56	19b. MAJOR FINDINGS OF OPERATION Traumatic perforation of stomach & peritonitis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---------------------------------------	--	--

21a. ACCIDENT (Specify) Suicide Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #65	21c. (CITY, TOWN, OR TOWNSHIP) Springfield (COUNTY) Greene (STATE) Mo.
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-16-56 10:00P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? One Car Accident
--	---	--

22. I hereby certify that I attended the deceased from 2/17, 1956, to 2/20, 1956, that I last saw the deceased alive on 2/20, 1956, and that death occurred at 11:05Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas E. Rockhart M.D.	23b. ADDRESS 609 Cherry Springfield, Missouri	23c. DATE SIGNED 2/21/56
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-23-56	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 2-23-56	REGISTRAR'S SIGNATURE Editt Williamson	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co.	ADDRESS Springfield, Mo.
---	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1956
MAR 27 1956
FEB 18 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.....
Licensed Embalmer No. 40
R. O. Address.....

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.