No. 300
10.48

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21074

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Lewis County, Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewistown Mo
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Prarire View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clark
c. CITY OR TOWN: Wyaconda, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Lewistown Mo.

0230 1

3. NAME OF DECEASED (Type or Print)
a. (First): Calvin
b. (Middle): Ottis
c. (Last): Deck

4. DATE OF DEATH (Month) (Day) (Year): June 23 1956

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 3, 1878
9. AGE (In years last birthday): 78 — 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): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Clark County Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: William Deck
13b. MOTHER'S MAIDEN NAME: Amanda Stafford
14. NAME OF HUSBAND OR WIFE: Mrs Nellie Deck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Calvin Deck, Wyaconda Mo.

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): Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-Sclerosis with
DUE TO (c): Embolism

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4330
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) m.
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* 20 June, 1956, *to* 23 June, 1956, *that I last saw the deceased alive on* 23 June, 1956, *and that death occurred at* DOA *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W Wells DO
23b. ADDRESS: Lewistown Mo
23c. DATE SIGNED: 27 June 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: JUne 26, L956
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Clark Co. Mo

DATE REC'D BY LOCAL REG.: 6-29-'56
REGISTRAR'S SIGNATURE: P. W. Jennings, M.D. E.L.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Geith & Baskett Wyaconda Mo

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Geo V Basbert

Licensed Embalmer No.....18

P. O. Address....Wyaco

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