

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 11 1956 STANDARD CERTIFICATE OF DEATH

State File No. **27962**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **622** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL - CROOKED RIVER		c. CITY OR TOWN HARDIN	4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 months		5. STREET ADDRESS (If rural, give location) 2 mi. S.W. OF HARDIN. 0896	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME OF DAUGHTER			

3. NAME OF DECEASED (Type or Print) a. (First) NAANNIE b. (Middle) BELLE c. (Last) DECK		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 4, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAY 24, 1861
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) KIMMUNOX, ILLINOIS
13a. FATHER'S NAME GEORGE TAYLOR		13b. MOTHER'S MAIDEN NAME MARTHA SMITH	14. NAME OF HUSBAND OR WIFE THOMAS DECK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME FERN YOUNG ADDRESS HARDIN, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
ANTECEDENT CAUSES		DUE TO (b) Arterio-sclerosis	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) —	
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 —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 4221	
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 **June 19 56** to **Sept 4 56** that I last saw the deceased alive on **9-3-56** and that death occurred at **10:25 Am.**, from the causes and on the date stated above.

23a. SIGNATURE E. H. HAY (Degree or title)	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 9-4-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-5-56	24c. NAME OF CEMETERY OR CREMATORY NEW DOUGLAS, ILL.	24d. LOCATION (City, town, or county) (State) NEW DOUGLAS, ILL.
DATE REC'D BY LOCAL REG. Sept 16 - 1956	REGISTRAR'S SIGNATURE M. O. Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Augusta Bookending ADDRESS Hardin, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
August Borcharding

Licensed Embalmer No. *4678*

P. O. Address *Hardin, Mo.*

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.