

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

BIRTH NO. _____		REG. DIST. NO. 49		PRIMARY REG. DIST. NO. 5175		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write name of town or village) Springfield		c. LENGTH OF STAY (In this place) tourist		c. CITY OR TOWN Springfield		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Route 7, Westport Addition			
3. NAME OF DECEASED (Type or Print) a. (First) John Lester Deckard b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) June 27, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 19, 1924		9. AGE (In years last birthday) 32	if UNDER 1 YEAR Months 9 Days 9	if UNDER 24 HRS. Hours 24 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mike Deckard		13b. MOTHER'S MAIDEN NAME Rosetta (Unknown)		14. NAME OF HUSBAND OR WIFE Sophia Deckard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sophia Deckard Springfield, Missouri			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage. Shock ANTECEDENT CAUSES DUE TO (b) Head-chest crush DUE TO (c) Lower limbs broken II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH See file
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) accident		21b. PLACE OF INJURY (Home, farm, store, street, highway, etc.) Highway 54		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Macks Creek Camden MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11:00 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Head on Auto Collision			
22. I hereby certify that I attended the deceased from Jan 27, 1957 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Abbe Woolery, Coroner				23b. ADDRESS Camden, Mo		23c. DATE SIGNED 6/28/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/28/57	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Springfield, Missouri		
DATE REC'D BY LOCAL REG. 6-28-1957		REGISTRAR'S SIGNATURE Alda R. Eldred		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. Hedges Camden, Mo.			

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

JUL 10 1951

NOV 12 1957

JUN 27 1950

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. 4265

P. O. Address Iberia, Missouri

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.

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