

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010990

STATE FILE NUMBER

FILED APR-9 1958

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 71

300
-57

4

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms or signs of disease in Part 1 must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rolla</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McJarland Nursing Home (3 days)</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>Bland - Rt</u> Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Decker</u> Last <u>Decker</u>			4. DATE OF DEATH Month <u>April</u> Day <u>1</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 27 - 1899</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	11. BIRTHPLACE (City and state or country) <u>Osage County - Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Steve Decker</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Meyers</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-10-3708</u>	17. INFORMANT <u>Mrs Cora Hahl - Bland - Mo</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Degeneration</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Rolla, Mo.</u>	
20g. COUNTY <u>Osage</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>3-31-58</u> to <u>4-1-58</u> and last saw <u>her</u> alive on <u>3-31-58</u> Death occurred at <u>11 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James M. Meyers M.D.</u> (Degree or title)		22b. ADDRESS <u>Rolla, Mo.</u>	22c. DATE SIGNED <u>3/3/58</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	23b. DATE <u>April 3 - 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Meyers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>OSAGE COUNTY - Mo.</u>
24. FUNERAL DIRECTOR <u>Miss Mavis Junett</u> Address <u>Rolla - Mo. Christian Service</u>		25. DATE RECD. BY LIC. REG. <u>4/3/58</u>	26. REGISTRAR'S SIGNATURE <u>Madeline L. Stoll</u>

RECEIVED

Phelps County Health Officer,

County File Number 1014

Date Filed 4-8-58

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 Chita Lassman

Licensed Embalmer No. 4128

P. O. Address Bland - h

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.