

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014980

STATE FILE NUMBER

FILED MAY 15 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 147

Health, Welfare Public Service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill b. COUNTY Adams						
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		Inside Limits OR TOWN Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lorraine Golden		81208 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1125 Lyon St			Length of stay in lb 12 hrs		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Andrew Middle Fredrick Last Decker				4. DATE OF DEATH Month May Day 7 Year 1958						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 21, 1880		9. AGE (In years last birthday) 78		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Campoint, Ill.		12. CITIZEN OF WHAT COUNTRY? US				
13. FATHER'S NAME Andrew F. Decker				14. MOTHER'S MAIDEN NAME Wiedaman Mary Weideman						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Pauline Stroud Address Lorraine, Golden, Ill.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease 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) 4200								INTERVAL BETWEEN ONSET AND DEATH unknown		
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.)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____										
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY		STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6 a m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Lenny Sweet Jr MD Coroner (Degree or title)					22b. ADDRESS Hannibal Mo			22c. DATE SIGNED 5/7/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-10-58		23c. NAME OF CEMETERY OR CREMATORY Lorraine Lorraine Cemetery		23d. LOCATION (City, town, or county) (State) Lorraine, Ill.				
24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 5-7-58		26. REGISTRAR'S SIGNATURE Dr. E. M. Luck				

RECEIVED MAY 13 1958

MARION CO. HEALTH DEPT.

DATE FILED MAY 13 1958

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. 421

P. O. Address Hannibal,

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