

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029452

FILED VS AUG 26 1959 / 46

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 367

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sugar Creek	Length of stay in 1b 50 yrs.	c. CITY OR TOWN Sugar Creek	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11402 Norledge	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 11402 Norledge	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First WILLIAM	Middle M.	Last DECKER	Month August	Day 19,
Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-12-1889	9. AGE (last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gate Watchman Retired		10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.	11. BIRTHPLACE (City and state or country) Springdale, Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Frank Decker		13b. MOTHER'S MAIDEN NAME Elizabeth Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Mamie Decker
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. 486-03-0965	17. INFORMANT Mamie Decker, 11402 Norledge, Sugar Creek, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH ??
IMMEDIATE CAUSE (a) Atherosclerotic heart disease		
Conditions, if any, which gave rise to above cause (e), 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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
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 **11-6-1958** to **8-19-59** and last saw her/him alive on **June 30, 1959**
 Death occurred at **8-19-59** **1:00 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Drs. Dorsch & Mosser By Robert Dorsch		22b. ADDRESS 10901 Winner Independence, Mo.	22c. DATE SIGNED 8/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-21-59	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	23d. LOCATION (City, town, or county) (State) Independendc, Missouri
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Independence, Mo.		25. DATE REC'D. BY LOCAL REG. 8-21-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Arnette Peterson

Licensed Embalmer No. 4697

P. O. Address Indy, Ind

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