

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007304

STATE FILE NUMBER

FILED VS MAR 10 1960

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 11

INDEXED

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

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|---|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last Albert Clinton Decker | | | 4. DATE OF DEATH Month Day Year Feb 27, 1960 | | |
| 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 3/9/1902 | 9. AGE (last birthday) 57 | IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Hancock, Mo | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Andrew Jackson Decker | | 13b. MOTHER'S MAIDEN NAME Flora Lee Tibbs | | 14. NAME OF HUSBAND OR WIFE Emma 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. 495364563 | 17. INFORMANT Address Emma Decker Crocker, Mo | | |

| | | |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH Immediate |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| 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 Hur an. pm. 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 _____ to _____ and last saw her/him alive on _____
Death occurred at **9:15 P.M** on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | |
|--|------------------------------|---|---|
| 22a. SIGNATURE (Degree or title) L. S. Humphreys, D.O. Coroner | | 22b. ADDRESS Tuscumbia, Missouri | 22c. DATE SIGNED 3-4-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/1/1960 | 23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial | 23d. LOCATION (City, town, or county) (State) Crocker, Mo |
| 25. DATE RECD. BY LOCAL REG. March 7, 1960 | | 26. REGISTRAR'S SIGNATURE Alveretta Waltz | |

27. FUNERAL DIRECTOR ADDRESS
Hedges Funeral Homes Crocker, Mo

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 11 1988

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 Walter P. Hedges

Licensed Embalmer No. 4265
P. O. Address Avonia, W.

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.