

# VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**60-010732**

**FILED VS MAR 28 1960**

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 49

STATE FILE NUMBER

|   |  |   |  |   |   |   |   |  |
|---|--|---|--|---|---|---|---|--|
| 1. PLACE OF DEATH   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |   |   |   |  |
| a. COUNTY<br><b>HOWELL</b>  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>WEST PLAINS</b>                            |  | a. STATE<br><b>MISSOURI</b>   |   | b. COUNTY<br><b>OREGON</b>  |   |  |
| Length of stay in 1b  |  | c. CITY OR TOWN<br><b>ALTON</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>MEMORIAL HOSPITAL</b>                           |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)     |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                |  |
| 3. NAME OF DECEASED (Type or print)   |  |   |  | 4. DATE OF DEATH  |   |   |   |  |
| First<br><b>JOHN KELLIS</b>   |  | Middle<br><b>DECKARD</b>  |  | Month<br><b>MARCH</b>   |   | Day<br><b>14</b>  |   |  |
| Last<br><b>DECKARD</b>  |  | Year<br><b>1960</b>   |  |   |   |   |   |  |
| 5. SEX<br><b>MALE</b>   |  | 6. COLOR OR RACE<br><b>WHITE</b>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>9-2-1872</b>                                     |   |  |
| 9. AGE (last birthday)<br><b>87</b>   |  | IF UNDER 1 YEAR<br>Months   |  | IF UNDER 24 HR<br>Days  |   | Hours   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b>                      |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>FARMING</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>ALTON, MISSOURI</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                            |   |  |
| 13a. FATHER'S NAME<br><b>JAMES DECKARD</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>SUSAN DENNIS</b>                                     |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>NETTIE BURNS</b>                      |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>             |  |   | 16. SOCIAL SECURITY NO.<br><b>NONE</b>   |   | 17. INFORMANT<br><b>CECIL DECKARD</b>             |   |   |  |
|   |  |   | Address<br><b>ALTON, MISSOURI</b>  |   |   |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  |   |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>  |  |   |  |   |   |   | <b>minutes</b>  |  |
| DUE TO (b) <b>Cardiomegaly with bilateral Pleural Effusion, Cardiac Asthenia</b>  |  |   |  |   |   |   |   |  |
| DUE TO (c) <b>Arteriosclerosis and Osteoarthritis</b>   |  |   |  |   |   |   |   |  |
| 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 |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour<br>a.m.<br>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 <b>23-2-60</b> to <b>14-3-60</b> and last saw <sup>her</sup> him alive on <b>14-3-60</b>         |  | Deaths occurred at <b>9:00 AM.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |   |   |  |
| 21a. SIGNATURE<br><i>[Signature]</i>  |  |   | 21b. ADDRESS<br><b>West Plains, Mo</b>   |   |   | 21c. DATE SIGNED<br><b>18/3/60</b>                                      |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |  | 23b. DATE<br><b>3-16-60</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>SMYRNA CEMETARY</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>ALTON, MISSOURI</b> |   |  |
| 24. FUNERAL DIRECTOR<br><b>Chas. Paul Home - Shays mo</b>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-22-60</b>                                       |   | 26. REGISTRAR'S SIGNATURE<br><b>Beatrice Cook</b> |   |   |  |

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 Richard C. [Signature]

Licensed Embalmer No. 4516  
R. D. Address [Signature]

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.