URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED VS APR 6 1960

Registration District No. 394 Primary Registration District No. _____ Registrar's No. 55

60-012200
STATE FILE NUMBER

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Logan
Length of stay in 1b: 40 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Own Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Reynolds
c. CITY OR TOWN: Logan
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 7 mi S. of Ellington
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: Monroe Last: Deckard
4. DATE OF DEATH: Month: Mar Day: 26. Year: 60
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr 6 1873
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months: 11 Days: 20
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Alton, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Deckard
13b. MOTHER'S MAIDEN NAME: — Williams
14. NAME OF HUSBAND OR WIFE: Mattie Deckard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT: William Deckard Address: Ellington 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): Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atrophy of Liver & Yellow — 1 yr
DUE TO (c): Chronic Myocarditis / Prem Cancer — 10 yrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1953, to March 26/60 and last saw her him alive on March 25/60
Death occurred at 8:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth T Carter D.O.
22b. ADDRESS: Ellington Mo
22c. DATE SIGNED: 3-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-28-60
23c. NAME OF CEMETERY OR CREMATORY: Pentecostal Cemetery
23d. LOCATION (City, town, or county) (State): Reynolds Co Mo

24. FUNERAL DIRECTOR: Pruitt Funeral Home ADDRESS: Ellington Mo
25. DATE RECD. BY LOCAL REG.: April 1-1960
26. REGISTRAR'S SIGNATURE: Edna Jarrard

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chas S. Pennett

Signature of Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Ellington

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