

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016317

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 134

AMENDED

FILED MAY 23 1961

1. PLACE OF DEATH
 a. COUNTY Adair
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Length of stay-in 1b. 1 Day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H. Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Macon
 c. CITY OR TOWN Macon Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 705 N. Rubey Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Essie Jane Decker May 11 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/12/1892 9. AGE (last birthday) 69 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY no. 11. BIRTHPLACE (City and state or country) New Cambria, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Davis 13b. MOTHER'S MAIDEN NAME Mary Morris 14. NAME OF HUSBAND OR WIFE Charles M. 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. no 17. INFORMANT Charles M. Decker Address Macon, 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) Cerebral hemorrhage
 DUE TO (b) Hypertensive vascular disease
 DUE TO (c) unknown
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis
 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 Month, Day, Year
 a.m. p.m.

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 May 10, 1961 to May 11, 1961 and last saw her alive on May 11, 1961
 Death occurred at 2:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. J. Lutenal 22b. ADDRESS Kirksville Mo 22c. DATE SIGNED 5-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/13/1961 23c. NAME OF CEMETERY OR CREMATORY New Cambria Cem. 23d. LOCATION (City, town, or county) (State) New Cambria, Mo.

24. FUNERAL DIRECTOR Lester Lutton ADDRESS Macon, Mo. 25. DATE RECD. BY LOCAL REG. May 13, 1961 26. REGISTRAR'S SIGNATURE Doris W. Ratliff

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

APR 19 1962

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, Mo.

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.