MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007958
STATE FILE NUMBER

Registration District No. 318 Primary Registration District 1003 Registrar's No. 1960

FILED FEB 23 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN: Sullivan — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Rt 2 Box 265 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: W. Last: DECKER
4. DATE OF DEATH: Month: FEBRUARY Day: 15 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 11-26-03
9. AGE (last birthday): 58 — 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): Printer
10b. KIND OF BUSINESS OR INDUSTRY: Commercial Printing
11. BIRTHPLACE (City and state or country): St. Louis MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Henry Decker
13b. MOTHER'S MAIDEN NAME: Lulu Bledsoe Decker
14. NAME OF HUSBAND OR WIFE: —
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.:
17. INFORMANT: William R. Decker — Address: 7646 Alicia Ave. Maplewood 17, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): DISSEMINATED CARCINOMA OF RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: UNDETERMINED
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 163x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ADRENAL HYPERPLASIA
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 FEBRUARY 13, 1962, to FEB. 15, 1962 and last saw her/him alive on FEBRUARY 15, 1962
Death occurred at 9:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. O. Vemillion, M.D. (Degree or title): M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 2/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-16-62
23c. NAME OF CEMETERY OR CREMATORY: Cave Springs Cemetery
23d. LOCATION (City, town, or county): Sullivan (State): MO

24. FUNERAL DIRECTOR: Jay B. Smith — ADDRESS: Maplewood MO
25. DATE RECD. BY LOCAL REG.: FEB 16 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

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 Melvin Barteau

Licensed Embalmer No. 4903

P. O. Address St. Louis

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.