

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

925-62-036066 STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 3 1962

VS 300 Rev. 4/59
1
2 **489**
3
4 **0**
5 **0**
6
7 **0**
8 **1**
9
10
11
12 **80-0**
13

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
a. COUNTY		St. Louis, Mo.		15 yr 3 mo		St. Louis		Mo.				St. Louis		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits		d. STREET ADDRESS		(If outside, give location)		Reside on Farm						Yes <input type="checkbox"/> No <input type="checkbox"/>									
St. Louis State Hospital		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		1107 S. Vandeventer				Yes <input type="checkbox"/> No <input type="checkbox"/>															
3. NAME OF DECEASED (Type or print)			First			Middle			Last			4. DATE OF DEATH			Month			Day			Year		
OTIS			DECKER									Sept. 24, 1962											
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR		Months		Days		Hours		Min.			
Male		White		Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		12/29/10		51															
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY											
Laborer				Ozark Co., Missouri				U. S. A.															
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE															
Sheppard Decker				Eva Butleson				-----															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT				Address											
No								Mary Hathcock				St. Louis, Mo.											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:												INTERVAL BETWEEN ONSET AND DEATH											
IMMEDIATE CAUSE (a)												Acute Pulmonary edema											
DUE TO (b)												Calcereous aortic stenosis, complete											
DUE TO (c)												42:1											
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? YES <input checked="" type="checkbox"/> NO <input 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 Hour a.m. 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 <u>Aug. 18, 1962</u> to <u>Sept. 24, 1962</u> and last saw ^{her} him alive on <u>Sept. 24, 1962</u> Death occurred at <u>2:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE						22b. ADDRESS						22c. DATE SIGNED											
<i>[Signature]</i>						5100 Arsenal St.						9-24-62											
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)				(State)											
Removal		9-26-62		Clear Springs Cemetery				Ozark County, Missouri															
24. FUNERAL DIRECTOR						ADDRESS						25. DATE RECD. BY LOCAL REG.						26. REGISTRAR'S SIGNATURE					
Albert H. Hoppe, Inc., 4700 Washington Blvd.						SEP 25 1962						<i>[Signature]</i>											

USE BLACK INK OR TYPEWRITER RIBBON

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 Stanley F. Nixon

Licensed Embalmer No. 4193

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.