S. No. 300
v. 10.48

FILED JUN 17 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20414

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 13

76 0 0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jefferson
c. LENGTH OF STAY (In this place): 37yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage 76
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0
d. STREET ADDRESS (If rural, give location): 5

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) c. (Last) Decker

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1949

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: Aug 19-1867

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Welcome Decker

13b. MOTHER'S MAIDEN NAME: Mary Ellen Lowe

14. NAME OF HUSBAND OR WIFE: Martha Beasley

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.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mary Ellen Decker -Bland Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A Cerebral Apoplexy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension /
DUE TO (c) /

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. /

INTERVAL BETWEEN ONSET AND DEATH: 334

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION: /

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): /

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): /

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): / m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: /

22. *I hereby certify that I attended the deceased from* 6-3, 1945, *to* 6-3, 1949, *that I last saw the deceased alive on* 6-2, 1949, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Burnap MD

23b. ADDRESS: Bland Mo

23c. DATE SIGNED: 6-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/6/49

24c. NAME OF CEMETERY OR CREMATORY: Mount Zion Cemetery

24d. LOCATION (City, town, or county) (State): Osage County Missouri

DATE REC'D BY LOCAL REG.: June 8. 1949

REGISTRAR'S SIGNATURE: Ira Dawson 238

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sassmann's Funeral Service -Bland

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JUN 16 1949
Date Filed

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.

Signed Chester Sassman

Signed ....
Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Bland

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 this body is not embalmed, fact should be so stated above.