FILED MAY 4 1970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124

STATE FILE NUMBER 70 0018654

Registration District No. 373 Primary Registration District No. 4545 Registrar's No. 79

DO NOT WRITE ON THIS STUB

9. 1
10a. 67
10b.
11. 0
12. 0
13. 4109
14. 8
15. 4
16.
17.
18. 0
19. CREDITS
20. 2-0

VS 300 Rev. 1/70

4. 1120
5. 90

DECEASED

1. DECEASED—NAME: Arilla Deckard
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): Apr. 20, 1970
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. AGE—LAST BIRTHDAY (YEARS): 67
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Mar. 25, 1903
7a. COUNTY OF DEATH: Webster
7b. CITY, TOWN, OR LOCATION OF DEATH: Marshfield
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 602 S. Pine
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Mo.
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None
12. SOCIAL SECURITY NUMBER: —
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Ret. Teacher&Principal
13b. KIND OF BUSINESS OR INDUSTRY: School

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. → 6. 1120

14a. RESIDENCE—STATE: Mo.
14b. COUNTY: Webster
14c. CITY, TOWN, OR LOCATION: Marshfield
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 602 S. Pine

PARENTS

15. FATHER—NAME: Luther Deckard
16. MOTHER—MAIDEN NAME: Ada King

17a. INFORMANT—NAME: Clyde King
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 409 W. Jackson Marshfield, Mo. 65706

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF:	CONGESTIVE HEART FAILURE	4 DAYS
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF:	RECENT CORONARY OCCLUSION	2 MONTHS
(c)	ARTERIOSCLEROTIC HEART DISEASE	1 YEAR

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): CARCINOMA of COLON, STATUS Post OP

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS ☐ YES ☐ NO ☐ UNK.

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: MONTH 4 DAY 28 YEAR 68
21b. TO: MONTH 4 DAY 20 YEAR 70
21c. AND LAST SAW HIM/HER ALIVE ON: MONTH 9 DAY 28 YEAR 70
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: DID
21e. DEATH OCCURRED (HOUR): 5 45 A M.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH M.
22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR M.

23a. CERTIFIER—NAME (TYPE OR PRINT): Dr. Robert J. Bareis
23b. SIGNATURE: R J Bareis, M D DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR): 4-21-70
23d. MAILING ADDRESS—CERTIFIER: Hwy 38 STREET OR R.F.D. NO. Marshfield CITY OR TOWN Mo. STATE 65706 ZIP

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Marshfield
24c. LOCATION: Marshfield, Mo. (CITY OR TOWN, STATE)
24d. DATE (MONTH, DAY, YEAR): Apr. 22, 1970
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Barber-Edwards-Arthur-Marshfield, Mo. 65706
25b. FUNERAL DIRECTOR—SIGNATURE: Orval Edwards
26a. REGISTRAR—SIGNATURE: J Frances
26b. DATE RECEIVED BY LOCAL REGISTRAR: 4-27-70

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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. 907

working under my personal supervision.

Student Joe Arthur
Signature of Student Embalmer

Signed Larry Paul

Licensed Embalmer No. 5338

P. O. Address Box 314
Marshfield, Mo. 65706

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.