

FILED SEP 14 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 84

Primary Registration District No. 5319

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Beaman Rural
(c) Name of hospital or institution: RFD # 1, Otterville TWP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Beaman Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 1 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW McCLENNAN DECKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dollie Cordelia 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 13 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 15 _____ hr. _____ min.

9. Birthplace Syracuse Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Jonas Decker

13. Birthplace Va.
(City, town, or county) (State or foreign country)

14. Maiden name Kochenour

15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. M. Retherford

(b) Address Beaman, Mo. RFD # 1.

17. (a) Burial (b) Date thereof Aug. 30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse, Mo.

18. (a) Signature of funeral director Geo. Sheppard
Sedalia

(b) Address _____

19. (a) 8-31-46 (b) Hillie M. Hubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1946 hour 6 AM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 15 to Aug 28, 1946,
that I last saw him alive on Aug 26, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Hypertension

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 93d
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
23. Signature [Signature] (M. D. [Signature])
Address [Signature] Date signed 8/27/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-14-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. T. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.