

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0201 23033
State File No.

FILED AUG 7 1950

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs, Missouri</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>110 Hightower St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>King Nursing Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Henry</u> c. (Last) <u>Decker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Oct. 22, 1866</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas. Decker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Decker</u>	
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. <u>500-28-4257</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pauline M. Graham, Okla. City, Okla.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8 July, 1950</u> , to <u>16 July, 1950</u> , that I last saw the deceased alive on <u>15 July, 1950</u> and that death occurred at <u>4:15 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John J. Hel, M.D.</u> (Degree or title)			23b. ADDRESS <u>Eldorado Springs, Mo.</u>		23c. DATE SIGNED <u>16 July 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eldorado Springs Am.</u>		24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 17, 1950</u>	REGISTRAR'S SIGNATURE <u>per H. K. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>... Carther, Eldorado Springs</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750-887

Date Filed 7-31-50

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
Student Embalmer

Signed Floyd E. Carsthus.....

Licensed Embalmer No. 4419.....

P. O. Address El Dorado Springs, 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.