

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27300

State File No. 113

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 3127 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>	
c. LENGTH OF STAY (In this place) <u>40yrs</u>		d. STREET ADDRESS (If rural, give location) <u>501 S. Elliott St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>501 S. Elliott St.</u>			

3. NAME OF DECEASED (Types or Print) a. (First) <u>MARY</u> b. (Middle) <u>J.</u> c. (Last) <u>DECKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 13, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 21, 1878</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR (Months) (Days) <u>8 22</u>	
11. BIRTHPLACE (State or foreign country) <u>Wright. County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			

13a. FATHER'S NAME <u>J.W. Shropshire</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret P. Wade</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Decker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas E. Decker-Webb City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> <u>Hypertension & arteriosclerosis</u>		? yrs	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Compression fracture - 12 Dorsal vert. 9-11-50</u> <u>CNS Lupus - Cystitis</u>		<u>4/20/18</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 August, 1949, to August, 1950, that I last saw the deceased alive on August 10, 1950, and that death occurred at 9:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>8/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Carterville, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>Aug 16-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u> ADDRESS <u>Webb City, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-22-50
Jasper County Health Office

County File Number 50/8/616
Date Filed 8/22/50

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 *Richard Gray Lew*

Licensed Embalmer No. *41903*

P. O. Address *W. B. City M*

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.