

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32389

State File No.

FILED OCT 2 1951

BIRTH NO. _____ REG. DIST. NO. 377 PRIMARY REG. DIST. NO. 6269 Registrar's No. 54

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | d. STREET ADDRESS (If rural, give location) _____ | |

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|---|---------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>JAMES FRANKLIN DECKARD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 2 1951</u> | | |
| a. (First) | b. (Middle) | c. (Last) | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>UNKNOWN</u> | 9. AGE (In years last birthday) <u>84</u> | 10. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>WEBSTER CO MO</u> | |

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|--|--|---|
| 13a. FATHER'S NAME <u>SYLVESTER DECKARD</u> | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BOHES</u> | 14. NAME OF HUSBAND OR WIFE <u>ETTA DECKARD</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE BRYANT MARSHFIELD</u> ADDRESS <u>R2</u> |

| | | | | | |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> | | DUPLICATE OF (a) <u>Carcinoma, Prostate</u> | | <u>2 days</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | | |

| | | |
|--|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>177X</u> | 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) (Minute) _____ | 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 7/18, 1951, to 9/2, 1951, that I last saw the deceased alive on 8/31, 1951, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

| | | |
|--|--|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD-2</u> | 23b. ADDRESS <u>Marshallfield, Mo.</u> | 23c. DATE SIGNED <u>9/3/51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-4-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>WECH</u> |
| 24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO</u> ADDRESS <u>MARSHFIELD</u> | |
| DATE REC'D BY LOCAL REG. <u>9-10-51</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>392</u> | |

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED SEP 24 1951

Dist. File 831-1222-
Date Filed 9-20-51

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

Julian G. ...

Licensed Embalmer No. 4562

P. O. Address *Springfield, 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.