

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40889

State File No. _____

No. 300
10-48

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU MO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WUTESVILLE, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>13 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>GILBERT</u> b. (Middle) <u>SENER</u> c. (Last) <u>DECK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-13-1951</u>
5. SEX <u>M. O. W.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-9-1919</u>
9. AGE (In years last birthday) <u>32</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>	11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co. Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AUTOMOTIVE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>I. W. DECK</u>		13b. MOTHER'S MAIDEN NAME <u>RUIE FRANCES</u>	14. NAME OF HUSBAND OR WIFE <u>HELEN DECK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR II</u>		16. SOCIAL SECURITY NO. <u>491-18-7550</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HELEN DECK</u> ADDRESS <u>WUTESVILLE, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic CA to lungs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Seminoma of testicle</u>			
DUE TO (c) _____			
11. 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>178X</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) _____	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>June</u> , 19 <u>51</u> , to <u>Dec. 13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 13</u> , 19 <u>51</u> ; and that death occurred at <u>9:00</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>801 A Broadway Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>1-3-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GLEN ALLEN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>GLEN ALLEN Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-3-52</u>	REGISTRAR'S SIGNATURE <u>C. C. Semmes</u> <u>44-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>WUTESVILLE, Mo.</u>	

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

FEB 1 1952

200-C

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.