

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21785**BIRTH NO. **67391-54** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2500** Registrar's No. **613A**

1. PLACE OF DEATH a. COUNTY Green				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 1 1/2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) north Twp.		d. STREET ADDRESS (If rural, give location) near Arcola. Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) near Arcola. Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Mark b. (Middle) Edward c. (Last) Decker			4. DATE OF DEATH (Month) (Day) (Year) July 12-1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Oct. 26-1954	
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Month 0 Day 8		IF UNDER 12 HRS. Hours 16 Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Russell Decker			13b. MOTHER'S MAIDEN NAME Kay McMasters		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Russell Decker, Arcola, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infectious Hepatitis				INTERVAL BETWEEN ONSET AND DEATH June 9 - 14 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dehydration DUE TO (c) Acidosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				092X	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 July 12, 1955 , to July 12, 1955 , that I last saw the deceased alive on July 12, 1955 , and that death occurred at 10:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Edwin L. Clayton M.D.				23b. ADDRESS 9609 Cherry Springfield Mo		23c. DATE SIGNED 7/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 14-55		24c. NAME OF CEMETERY OR CREMATORY Greenfield Cem.		24d. LOCATION (City, town, or county) (State) Greenfield, Mo.	
DATE REC'D BY LOCAL REG. 7-18-55		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada, Greenfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, N.H.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.