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FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30234

State File No.

BIRTH NO. _____ REG. DIST. NO. 4348 PRIMARY REG. DIST. NO. 233 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville Mo I Mile East	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) A.	c. (Last) Dekoning	4. DATE OF DEATH (Month) (Day) (Year) 10-1-1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-16-1872	9. AGE (In years) (Month) (Day) (Hours) (Min.) 83 9 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Holland	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Leonard De Knowing	13b. MOTHER'S MAIDEN NAME Un Known	14. NAME OF HUSBAND OR WIFE Nellie De Knowing*Deceased
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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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Martha Wylie Mexico Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 5 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 25, 1955, to Oct 1, 1955, that I last saw the deceased alive on Sept 24, 1955, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE Walter H. Mallon, Jr.	23b. ADDRESS Wellsville	23c. DATE SIGNED 10/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-2-55	24c. NAME OF CEMETERY OR CREMATORY MONTGOMERY CITY CEM	24d. LOCATION (City, town, or county) (State) MONTGOMERY CITY MO
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DATE REC'D BY LOCAL REG. 10-3-55	REGISTRAR'S SIGNATURE W.S. Romane Jr.	25. FUNERAL DIRECTOR'S SIGNATURE Curley Ann	ADDRESS MONTGOMERY CITY MO
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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, ~~XXX~~ on the day of October 1955,
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.