.300
.48

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36173

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5180 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Camdenton-Warren Township
c. LENGTH OF STAY (in this place) 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mozark Health Resort

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Camdenton - Rural
d. STREET ADDRESS (If rural, give location) Warren Township

3. NAME OF DECEASED (Type or Print)
a. (First) Alice
b. (Middle) Marguerite
c. (Last) Decker

4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1955

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH July 14, 1865
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Lewistown Penn
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Allen
13b. MOTHER'S MAIDEN NAME Amanda Price
14. NAME OF HUSBAND OR WIFE George Decker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Anson Hasting — ADDRESS 13824 RS Kansas City 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) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 3 mos.

ANTECEDENT CAUSES — Senile

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — 410X

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Sept, 1955, *to* Dec, 1955, *that I last saw the deceased alive on* Nov. 28, 1955, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. F. Alexander M.D.
23b. ADDRESS Camdenton Mo.
23c. DATE SIGNED Dec 3/1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12/3/1955
24c. NAME OF CEMETERY OR CREMATORY Highland Park
24d. LOCATION (City, town, or county) (State) Kansas City Kansas

DATE REC'D BY LOCAL REG. Dec 7-1955
REGISTRAR'S SIGNATURE Filpha Traw. 42-0
25. FUNERAL DIRECTOR'S SIGNATURE Jas H Butler & Son — ADDRESS Kansas City Kans

(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, or by.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Abbie Woolery

Licensed Embalmer No. 2488

P. O. Address Bamberton

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

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