

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10263

FILED APR 9 - 1956

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 613

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural</u>)		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>years</u>		e. STREET ADDRESS (If rural, give location) <u>0910</u> <u>4 miles S. of Doniphan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles S. of Doniphan</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DAVID</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>DECKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1956</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 29, 1873</u>	9. AGE (In years last birthday) <u>82</u>	If UNDER 1 YEAR: Months <u>3</u> Days <u>20</u>	If UNDER 10 yrs. Hours _____ Min. _____
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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 <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John W. Decker</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Rockwell</u>	14. NAME OF HUSBAND OR WIFE <u>Callie Decker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Ponder</u> ADDRESS <u>Hinsdale, Ill.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>		
	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 <u>331x</u>	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 1-1-56 to 3-17-56, that I last saw the deceased alive on 3-15-56, and that death occurred at 2-a m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) _____	23b. ADDRESS <u>Doniphan Mo</u>	23c. DATE SIGNED <u>4/2/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/26/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Doniphan Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-2-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Edwards Funeral Home Doniphan, Mo.</u>
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(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 e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gene Parker*

Licensed Embalmer No. *4*

P. O. Address *Donip*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.