

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21029

State File No.

FILED JUN 19 1956

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ---a. STATE <u>Missouri</u> COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon MS</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Grovespring</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. South Lebanon highway 5</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Deckard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 29, 1910</u>
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTH PLACE (City and State or Foreign Country)
10a. <u>Farmer & sawmill operator</u>		10b. <u>Wright Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Geo. W. Deckard</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Haymes</u>	14. NAME OF HUSBAND OR WIFE <u>Laverne Blackard</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-40-2795</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laverne Deckard Grovespring</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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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>April 2, 1955</u> , to <u>9 June, 1956</u> , that I last saw the deceased alive on <u>February 3, 1956</u> , and that death occurred at <u>9:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul A. Fontaine M.D.</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	
23c. DATE SIGNED <u>11/June/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>6-12-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cuba Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wright Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blilla L. Gray Holman</u>	
DATE REC'D BY LOCAL REG. <u>6-12-1956</u>		ADDRESS <u>Funeral Home Lebanon, Mo.</u>	

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

424

Received 6-18-56
Laclode County Health Unit
File No. 107
Date Filed 6-18-56

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.....
Signature of Student Embalmer

Signed Harvey M. Howe

Licensed Embalmer No. 422

P. O. Address Lebanon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.