

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40982**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **3014** Registrar's No. **116**

600

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

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY OR TOWN <b>Liberty</b>	c. LENGTH OF STAY (in this place) <b>14 yrs</b>	c. CITY OR TOWN <b>Liberty</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>200 Laura St</b>		STREET ADDRESS (If rural, give location) <b>200 Laura St 600/2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>IRA</b> b. (Middle) <b>B</b> c. (Last) <b>DECKER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27-56</b>
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5. SEX <b>M</b> 6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 13-1895</b>	9. AGE (In years last birthday) <b>76 1/2</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Superior Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Benton Decker</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Parkey</b>	14. NAME OF HUSBAND OR WIFE <b>Rosa Decker</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rosa Decker - Liberty Mo</b>	ADDRESS <b>Liberty Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b>		
	DUE TO (c) <b>Arterio Sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>hypertensive heart disease</b>			

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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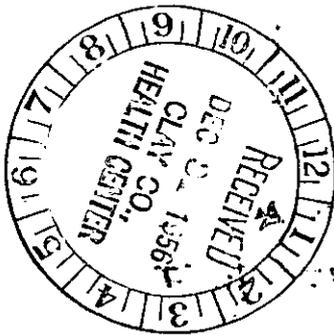
22. I hereby certify that I attended the deceased from **April 10, 1956**, to **Dec 27, 1956**, that I last saw the deceased alive on **Dec 24, 1956**, and that death occurred at **12:05 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Smithville, Mo</b>	23c. DATE SIGNED <b>1/2/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 29-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Platte Co - Mo</b>
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DATE REC'D BY LOCAL REG. <b>12-29-56</b>	REGISTRAR'S SIGNATURE <b>Mabel Graham</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rosa Decker</b>	ADDRESS <b>Liberty Mo</b>
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491



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 *John L. Linder*.....

Licensed Embalmer No. 4445

P. O. Address *Liberty*.....

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.