

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038468

FILED VS NOV 2 1959

STATE FILE NUMBER

Registration District No. **317** Primary Registration District No. **500** Registrar's No. **2757**

WENDED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AFFTON		c. CITY OR TOWN AFFTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8929 Kidder		d. STREET ADDRESS (If outside, give location) 8929 Kidder	

3. NAME OF DECEASED (Type or print) First Helen Middle D. Last Decker			4. DATE OF DEATH Month Oct Day 15 Year 1959		
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 6, 1918	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) Potosi Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Fred Henson	13b. MOTHER'S MAIDEN NAME Lulu Mason	14. NAME OF HUSBAND OR WIFE Frank Decker
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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. 497-38-5128	17. INFORMANT Address Lena Campbell, 8929 Kidder
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SQUAMOUS CELL CARCINOMA OF VAGINA		INTERVAL BETWEEN ONSET AND DEATH 8 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **MAY 29, 1956** to **OCT. 6, 1959** and last saw her/him alive on **OCT. 6, 1959**
 Death occurred at **7:40 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. D. Killion, M.D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 10/16/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-15-59	23c. NAME OF CEMETERY OR CREMATORY St. Francis Memo	23d. LOCATION (City, town, or county) (State) St. Francis Co., Mo
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24. FUNERAL DIRECTOR ADDRESS Murphy L... Flat River Mo	25. DATE RECD. BY LOCAL REG. 10-19-59	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murphy Sparks

Licensed Embalmer No. 4256

P. O. Address Latimer, S.C.

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.