

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39599**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5056 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rual Corsicana</b>		c. LENGTH OF STAY (In this place) <b>43yrs</b>	c. CITY OR TOWN <b>Purdy Mo.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stella</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>0050</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Stella</b>	b. (Middle) <b>Francis</b>	c. (Last) <b>Decocq</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 14 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 26 - 1878</b>	9. AGE (In years last birthday) <b>77</b>	10. UNDER 1 YEAR <b>10</b> Days	11. UNDER 24 HRS. <b>18</b> Hours	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Granby Missouri</b>			

13a. FATHER'S NAME <b>Jess Trent</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Roe</b>	14. NAME OF HUSBAND OR WIFE <b>Paul Decocq</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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Tressa Lenord Purdy Mo</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic affection of valves and cord</b>		<b>20 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cholecystitis and pleurisy with lobes pneumonia</b>		<b>20 yrs.</b>
DUE TO (c) <b>5 days.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>490X</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) (Minute)	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 Feb. 15, 1952, to Dec. 13, 1955; that I last saw the deceased alive on Dec. 13, 1955, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles Moore MD</b> (Degree or title)	23b. ADDRESS <b>Purdie City Mo</b>	23c. DATE SIGNED <b>12-15-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 16 - 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maddy</b>	24d. LOCATION (City, town, or county) (State) <b>Purdy, Barry Co. Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-28-55</b>	REGISTRAR'S SIGNATURE <b>Mrs P. T. Cook</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McQueen Funeral Home</b>	ADDRESS <b>Wheaton Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 156-3

DATE REC. 1-3-56

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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 Paul D. Herbert.....

Licensed Embalmer No. 457.....

P. O. Address Cassville.....

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.