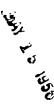
bh.	FIED MAY 7 1956 STANDARD CEI	RTIFICATE OF DEATH	719	
lfare lic vice	Registration District No. Primary Registration District No. 3016 Registrar's No. 141			
Ð	1. PLACE OF DEATH  a. COUNTY COLE	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Missouri b. COUNTY MC	on: Residence before odmission)	
56	b. CITY (If outside corporate limits, give TOWNSHIP only) Inside L OR TOWN Jefferson City Yesx	11 OP T 1000	Inside Limits Yes (I No.	
	c. FULL NAME OF (If NOT in hospital, give location) Length of stay HOSPITAL OR INSTITUTION St. Marys / popular 10 min	d. STREET 13 T, (1) DOISING, GIVE IDEATH	rn) Reside on Farm Yes Y No D	
al caus	3. NAME OF First / Middle OECEASED (Type or print) Atha Merrit	Last 4. DATE Month OF Decker DEATH May	Day Year 1 1956	
o natur	5. SEX 7.6. COLOR OR RACE 7. MARRIED 1 NEVER MARRI MALE White WIDOWED □ DIVORC	co   Oct.19, 1893   62   6	1 YEAR IF UNDER 24 HRS. Days Hours Min.	
death due t	farmer Own farm	Missouri U.S	OF WHAT COUNTRY?	
a death a POSSIBL	13. FATHER'S NAME William Decker	Camelia Crider		
certity to WRITE IF	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. No. or unknown) (If yes. give war or dates of service) (16. SOCIAL SECURIT 487-01-62	08 Billy C. Decker Elmi	<del></del>	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) PCUTE COYONOVY OCCURSION  SAGEM			
ت ت	Conditions, if any, which gave rise to Due to (b) Aviculo sclevo	tic Heart Disease	7	
5 ≅	above cause (a), stating the under- lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY			
related. K INK OR	TICAT	4200	PERFORMED?	
		CCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)		
וֿ כֿ יּ	O NJURY a.m. p. m.	Aome, 20/ CITY, TOWN, OR LOCATION COUNTY	STATE	
must be	WHILE AT NOT WHILE I farm, factory, street, office bldg., etc.) WORK AT WORK			
֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓	21. I attended the deceased from 5 - 1 - 1956, to 5 - 1 - 1956 and last saw him all on 04 GYVIDE Death occurred at 6:30 A, mon the date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE 0 (Degree or title) (22b. ADDRESS) 22c. DATE SIGNED			
<u> </u>	23g. BURIAL, CREMATION. 23b. DATE / 1/ 23c. NAME OF CEMETER	Jetterson City, Mo.	5-2-1956 (State)	
9 s p	Burial May 3, 1950 City Cemetery California, Miss  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.   26. REGISTRAR'S SIGNATURE			
3-0 Earl Boulin Coligonio 2000 D May 1956 R. P. Dorris M.S. M. (Licensed Embolmer's Statement of Reverse Side)				
(Literate Lincolnia, & Cramina, & Charles and)				



## STATEMENT BY LICENSED EMBALMER

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

Student Signature of Student Embalmer Signed Joel N Kowlin

Licensed Embalmer No.

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.