

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1961

**RUEB** JAN 15 1952

590  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5703 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Medicine</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Medicine-1590</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi East Chula.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi East Chula.</u>			d. STREET ADDRESS (If rural, give location) <u>5 mi East Chula.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ett</u> b. (Middle) <u>Mar</u> c. (Last) <u>Eckert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 1952</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 12 1885</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	-------------------------------------	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Linn County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	---	--	--

13a. FATHER'S NAME <u>John Paul</u>		13b. MOTHER'S MAIDEN NAME <u>Marillas Downs</u>		14. NAME OF HUSBAND OR WIFE <u>William Henry Eckert</u>	
-------------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Eckert Chula Mo</u> ADDRESS <u></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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis</u>				
		DUE TO (c) <u>Diabetes Mellitus</u>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--

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 <u>4222</u>	
---	--	--	--	---------------------------------------	--

22. I hereby certify that I attended the deceased from Dec 19, 1951, to Dec 31, 1951, that I last saw the deceased alive on 12-27, 1951, and that death occurred at 145 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J M Dowell, M.D.</u>		23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>1/5/52</u>	
--	--	------------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial A</u>	24b. DATE <u>1/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Purdin Mo</u>		
---	-------------------------	--	--	--	--

DATE REC'D BY LOCAL REG. <u>Jan 15/52</u>	REGISTRAR'S SIGNATURE <u>Frances B Neillo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.T. Robertson Funeral Home Chula Mo</u>		
---	---	--	--	--	--

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Robertson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4388*

P. O. Address *Laredo, Tex*

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 this body is not embalmed, fact should be so stated above.