

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25329

FILED JUL 23 1953

BIRTH NO. REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u>	
c. LENGTH OF STAY (In this place) <u>9 mos</u>		d. STREET ADDRESS (If rural, give location) <u>13105 Parker Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13105 Parker Road</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u>	b. (Middle) <u>Dee</u>	c. (Last) <u>Eckles</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 4 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-26-98</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mount. Supervisor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public Water Dept.</u>	11. BIRTHPLACE (State or foreign country) <u>Lamar, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>C. E. Eckles</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie R. Bandy</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Eckles</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>	16. SOCIAL SECURITY # <u>W.S.W # 1 11-11-18 499-10-2222</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl Eckles Grandview Mo.</u>	ADDRESS <u>12-28 St</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Chronic Cardiac Edema</u> <i>This does not mean the mode of dying, such as asphyxiation, asphyxia, etc. It means the disease, lesion, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cardiac Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years 6 months</u> <u>1-2-53</u> <u>11 years</u> <u>Jan 2-53</u> <u>7 years</u> <u>3-2-53</u> <u>3 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Chronic Colitis</u>		
19a. DATE OF OPERATION <u>none</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pleurisy</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>

22. I hereby certify that I attended the deceased from May 22, 1952, to July 4, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at one A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Daniel W. Cordill D.C.</u>	(Degree or title)	23b. ADDRESS <u>2870 N. 27th St. K.C. Mo.</u>	23c. DATE SIGNED <u>7-4-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/5/53</u>	REGISTRAR'S SIGNATURE <u>Pauline G. Hodges</u>	FURNERAL DIRECTOR'S SIGNATURE <u>Ed Seiger</u>	ADDRESS <u>Grandview Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Can be called

SEP 22 1953

JUL 23 1953

AUG 12 1953

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
Student Embalmer

Signed *Sterling E. Goddard*

Licensed Embalmer No. *4911*

P. O. Address *Grandview Mo*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 25329

State of Missouri }
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 5 day of September, 1953, before me appears D. W. CORDILL D.C., who, upon his oath, states that the original record of birth for EARL D. ECKLES, died born July 4, 1953, in the State of Missouri, and which was filed at on, 19, should be corrected as follows:

Item No. 18-1-a should read Cardiac Edema 12-28-52

Instead of Chronic Cardiac Edema 2 years

Item No. 18-1-b should read Myocarditis 1-22-53

Instead of Chronic Myocarditis 11 years

Item No. 18-1-c should read Colitis 1-2-53

Instead of Chronic Colitis 1 year

Item No. 18-2 should read Pleurisy 2-2-53

Instead of Pleurisy 3 years

Item No. 22 should read 5-27-52, to 7-4-53

Instead of 5-7-52 to 7-4-53

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant D. W. Cordill D.C. Relationship.

2870 N. 27th St., Kansas City, Kans. Present address.

Subscribed and sworn to before me this 5th day of September, 1953

My Commission expires March 14, 1957. Notary Public.

