

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018144
STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2372

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in 1b 20yrs.	d. STREET ADDRESS (If outside, give location) 3510 Euclid Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lois Middle Last Ecksten			4. DATE OF DEATH Month 5 Day 7 Year 1958
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-27-1898
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WRITER + TEACHER		10b. KIND OF BUSINESS OR INDUSTRY Col. of ST TERESA	11. BIRTHPLACE (City and state or country) Putnam, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME JAMES FREDERICK PECK	13b. MOTHER'S MAIDEN NAME Laura NELSON
14. NAME OF HUSBAND OR WIFE VINCENT ECKSTEN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 499-10-8748		17. INFORMANT Alma PECK RUTHERFORD, DALLAS TEXAS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia 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)			INTERVAL BETWEEN ONSET AND DEATH 490+
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.)	
20c. TIME OF INJURY: Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from May 4, 1958 to May 7, 1958 and last saw her alive on May 7, 1958 Death occurred at 2:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. J. Burns M.D.		22b. ADDRESS 24th & Cherry	
22c. DATE SIGNED 5-7-58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 5-12-1958		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
23d. LOCATION (City, town, or county) (State) Kansas City Missouri		24. FUNERAL DIRECTOR NEILERT FUNERAL HOME	
25. DATE RECD. BY LOCAL REG. 5-10-58		26. REGISTRAR'S SIGNATURE neva minichall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
B. I. BURNS

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 *B. E. Weiler*

Licensed Embalmer No. *4075*
P. O. Address *KC 8, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.