

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019081  
State File No.

FILED MAY 26 1958

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Montgomery</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Montgomery</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>		0700/0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>White's Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Kregal Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>GRANT</u>		c. (Last) <u>ECKLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1958</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	
8. DATE OF BIRTH <u>June 25, 1885</u>		9. AGE (in years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>24</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>retired carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Meredith Eckler</u>		13b. MOTHER'S MAIDEN NAME <u>Garrie E. Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Roger Eckler, wellsville, Mo.</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 <u>499-24-5381</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roger Eckler, wellsville, Mo.</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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				<u>1/2 hour</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Colitis, chronic</u>				<u>14 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</u>				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?			
22. I hereby certify that I attended the deceased from <u>May 14, 1958</u> , to <u>May 19, 1958</u> , that I last saw the deceased alive on <u>May 19, 1958</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Buell Welfer M.D.</u>				23b. ADDRESS <u>506 Hooper St Montgomery Co, Mo</u>		23c. DATE SIGNED <u>5-20-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 22, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/22/58</u>		REGISTRAR'S SIGNATURE <u>Laura S. Callaway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Wells</u>		ADDRESS <u>Wellsville, Mo.</u>	

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

MS  
AUG 25 1987

**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 W B Kelly

Licensed Embalmer No. 1585  
P. O. Address Wellsville 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.