

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016396

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 67

300
1-57

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1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHALL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SWEET SPRINGS 0978 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JOHNSON REST HOME		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MARY SUSAN ECKERT			4. DATE OF DEATH Month Day Year MAR. 30 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 18 1865	9. AGE (In years last birthday) 93	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) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SEDALIA MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ALFRED LEARY	13b. MOTHER'S MAIDEN NAME MARY MURRAY	14. NAME OF HUSBAND OR WIFE LOUIS ECKERT
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT HARRY LEARY SWEET SPRINGS MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vas Accident		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Vas Phlebotosis		
DUE TO (c)		3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dr. Pneumonia - aged 33 2x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from April 1959 and last saw him alive on Mar 29, 1959 Death occurred at 9:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Dr. Knudsen MD (Degree or title)	22b. ADDRESS Marshall MO	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 1-59	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	23d. LOCATION (City, town, or county) (State) HIPPINSVILLE MISSOURI
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24. FUNERAL DIRECTOR Roy F Wiegner Higginsville MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-16-'59	26. REGISTRAR'S SIGNATURE Cecil G. Reed
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

SEP 14 1962

DEC 6 1961

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 *Roy F. Wiegner*

Licensed Embalmer No. *2883*

P. O. Address *Higginsville Md*

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.