

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020147  
STATE FILE NUMBER

alth,  
elfare  
blic  
ervice

FILED JUN 2 1959 Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Milan</b>		c. CITY OR TOWN <b>Harris</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>S.C.M. Hospital</b>		Length of stay in 1b <b>6 wks.</b>	
0650 STREET ADDRESS <b>4 mi. West</b>		(If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Charley Elmer Eckerson</b>			4. DATE OF DEATH <b>May 19, 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 11, 1880</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Joseph, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Joseph W. Eckerson.</b>			14. MOTHER'S MAIDEN NAME <b>Mary Stufflebean</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Jesse Eckerson, Harris, Mo.</b> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 da</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>chronic myocarditis</b>	<b>3 yr</b>
	DUE TO (c) <b>chronic nephritis</b>	<b>2 mo</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <b>4222</b>	
20c. TIME OF INJURY <b>Hour Month, Day, Year</b>		

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 <b>Harris, Mo.</b> COUNTY STATE
21. I attended the deceased from <b>1/15/59</b> to <b>5/18/59</b> and last saw him alive on <b>5/18/59</b> Death occurred <b>at</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Harris, Mo.</b>	22c. DATE SIGNED <b>5/19/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 21, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Harris Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Harris, Mo.</b>
24. FUNERAL DIRECTOR <b>Judd &amp; Payne, Newtown, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>5-26-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. M.W. Beckett</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

800  
-56

doctor, coroner, etc. must use any standard nomenclature in item 18. No symptoms will be stated. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

6961 9 706]

---

---

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.....  
*T. Howard Gresham*

Licensed Embalmer No. *J. 2*

P. O. Address *San Antonio*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.