

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020597

STATE FILE NUMBER

FILED JUN 17 1959

Registration District No. 47 Primary Registration District No. 5169 Registrar's No. 1651

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri COUNTY Callaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nine Mile Prairie Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	b. CITY OR TOWN Montgomery City Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 25 yrs	d. STREET ADDRESS none		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle XX Last Eckert			4. DATE OF DEATH Month June Day 10 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 8- 1889		9. AGE (In years, months, days, hours, min.) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) St Louis Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME August Eckert		13b. MOTHER'S MAIDEN NAME Minnie Steinman	
14. NAME OF HUSBAND OR WIFE Estelle Hazel Eckert		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1		16. SOCIAL SECURITY NO. no	
17. INFORMANT Estelle Hazel Eckert		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Coronary Thrombosis DUE TO (c) Hypertension & Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Sudden Sudden 3-4 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		19. WAS AUTOPSY PERFORMED? 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.) ---		20c. TIME OF INJURY Hour --- Month --- Day --- Year --- 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 June 9 1959 to June 10 1959 and last saw her alive on June 9, 1959 Death occurred at 10:29 am on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) E. J. T. Andersen, M.D.		22b. ADDRESS Montgomery City, Mo	
22c. DATE SIGNED 6/18/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-13-59	
23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		23d. LOCATION (City, town, or county) St Louis Mo		(State)	
24. FUNERAL DIRECTOR ---		25. DATE RECD. BY LOCAL REG. June 13-1959		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 7 1959

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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, ~~on~~ On the 10 th day of June 1959, Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed [Handwritten Signature]

Licensed Embalmer No. I487
Montgomery City Mo
P. O. Address

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.