

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024870

FILED VS. AUG 4 1959 3

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Length of stay in 1b 3 hour	c. CITY OR TOWN Bethany Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Hacker Trailer Court Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Henry Middle Edward Last Eckert			4. DATE OF DEATH Month 7 Day 26 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 2-16-1907	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months 5 Days 10	IF UNDER 24 HR Hours 4 Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and state or country) Barnston Valley, Nebraska		12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Eliam Eckert		13b. MOTHER'S MAIDEN NAME Beatrice Madriguez		14. NAME OF HUSBAND OR WIFE Hazel Eckert		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 712-05-2850	17. INFORMANT Hazel Eckert, Bethany, Mo.
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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) Posterior Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4 hours
DUE TO (b) Atherosclerotic Heart Disease		
DUE TO (c) _____		years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 **7-26-59**, to **7-26-59** and last saw her/him alive on **7-26-59**
Death occurred at **11:56 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert F. Mikhe M.D.	22b. ADDRESS Bethany, Mo.	22c. DATE SIGNED 7-27-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-27-1959	23c. NAME OF CEMETERY OR CREMATORY Bader Funeral Home	23d. LOCATION (City, town, or county) (State) Fremont, Nebraska.
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24. FUNERAL DIRECTOR M. B. Haas	ADDRESS Bethany, Mo.	25. DATE RECD. BY LOCAL REG. 7-27-1959	26. REGISTRAR'S SIGNATURE Jella Mayey
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BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION DOCUMENT

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VS AUG 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. B. Haas
M. B. Haas.

Licensed Embalmer No. 3899

P. O. Address Bethany,

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