URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033027

STATE FILE NUMBER

FILED VS OCT 13 1959 V00

Registration District No. _____ Primary Registration District No. 3041 Registrar's No. 168

AMENDED

1. PLACE OF DEATH
a. COUNTY: MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MACON
Length of stay in 1b: 24 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: SAMARITAN HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: SHELBY
c. CITY OR TOWN: CLARENCE MO
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD CLARENCE
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle WILLIAM Last ECHTERNACHT
4. DATE OF DEATH: Month SEPT Day 25 Year 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: OCT 2 1888
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): MO SHELBY COUNTY
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: JUSTUS ECHTERNACHT
13b. MOTHER'S MAIDEN NAME: IZELLE PRANGIE
14. NAME OF HUSBAND OR WIFE: LURA ECHTERNACHT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 486-20-2755
17. INFORMANT: MONROE ECHTERNACHT Address: LEONARD MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Cardio-vascular disease
INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1950, to 25 SEPT 1959 and last saw her/him alive on 25 Sept 1959.
Death occurred at 7:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A.S. Wright M.D. (Degree or title)
22b. ADDRESS: Box 641 Leonard MO
22c. DATE SIGNED: 9/28/59.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 9-27-59
23c. NAME OF CEMETERY OR CREMATORY: MAPLEWOOD CEMETERY
23d. LOCATION (City, town, or county) (State): CLARENCE MO

24. FUNERAL DIRECTOR: GREENING CLARENCE MO ADDRESS
25. DATE RECD. BY LOCAL REG.: 10/5/59
26. REGISTRAR'S SIGNATURE: Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

US OCT 27 1959

OCT 20 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles O. Green
Signature of Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Clarence

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