MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042589

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 6116

FILED DEC 14 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 17 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital
Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit
Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location) R. R. #4
Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First John Middle E. Last Eckhard

4. DATE OF DEATH: Month December Day 3 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-9-1886
9. AGE (last birthday): 76
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): Owner (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Store
11. BIRTHPLACE (City and state or country): Alton, Illinois
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Eckhard
13b. MOTHER'S MAIDEN NAME: Josephine Vatterot
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT: Norman Gordon, Address 1100 Traders Bank Bldg. K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Coronary insufficiency
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hemorrhage from duodenal ulcer

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X 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 Nov 20, 1962, to Dec 3, 1962 and last saw ~~her~~ him alive on Dec 3, 1962
Death occurred at 11:25 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Underwood, Jr. (Degree or Title) MD
22b. ADDRESS 1103 Grand Ave, K.C. 6 Mo
22c. DATE SIGNED 12-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-4-1962
23c. NAME OF CEMETERY OR CREMATORY: –
23d. LOCATION (City, town, or county) (State): Alton, Illinois

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar ADDRESS 20 W. Linwood K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 12-4-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 Lloyd F. Dieckmon

Licensed Embalmer No. 5120

P. O. Address K. C. 11, Mo.

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.