

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 26-57 I 1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 15 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10257  
Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 96  
 (b) Township Hamilton Primary Registration District No. 4058  
 (c) City Hamilton (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Louisa Stotler

(a) Residence, No. \_\_\_\_\_ Hamilton, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. D. Stotler  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1875  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
63 7 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Co., Mo.

FATHER 13. NAME Valentine Eckelberry  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER 15. MAIDEN NAME Mary J. Cornelius  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT John H. Eckelberry  
 (ADDRESS) Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE March 4 1939

19. FUNERAL DIRECTOR Bram & Sons  
 (ADDRESS) Hamilton, Mo.

20. FILED Mar 4 1939 Mark Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2 1939 to Mar. 2 1939  
 I last saw her alive on Mar 2 1939. Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

Mesenteric thrombosis Date of onset Mar  
Acute Cholecystitis Feb 28

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. M. Daley, M. D.

100 (Address) Hamilton, Mo.

RECEIVED

District Health Officer No. 143

District File Number 39-286

Date Filed APR 10 1939

JUN 29 1939

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**