

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11275**

108-2

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3026		Registrar's No. 50	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Vernon		b. CITY (If outside corporate limits, write RURAL and give township) Nevada		a. STATE Missouri		b. COUNTY Vernon	
c. LENGTH OF STAY (In this place) 4 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Nevada		d. STREET ADDRESS (If rural, give location) 322 Cedar St.		D	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sunderwirth Conv. Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Stephen		b. (Middle) A.		c. (Last) Eckles		6. DATE OF BIRTH	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 13, 1884		9. AGE (In years last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Hancock Co., Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Eckles		13b. MOTHER'S MAIDEN NAME Rebecca White	
14. NAME OF HUSBAND OR WIFE Molly Eckles Deceased		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. _____		17. INFORMANT'S SIGNATURE OR NAME E.E. Eckles ADDRESS R.F.D. 5 Butler, Mo.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____				DUE TO (c) (Had been dead approximately 2 hrs. when found.)			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30P m., from the causes and on the date stated above.					
23a. SIGNATURE W.D. Thurman (Degree or title) 3		23b. ADDRESS Crozier Nevada Missouri		23c. DATE SIGNED 3-24-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-49		24c. NAME OF CEMETERY OR CREMATORY Double Branch		24d. LOCATION (City, town, or county) (State) R.F.D. Butler, Mo.	
DATE REC'D BY LOCAL REG Mar. 24, 1949		REGISTRAR'S SIGNATURE Kathryn Yancy		25. FUNERAL DIRECTOR'S SIGNATURE Walter Underwood ADDRESS Butler, Mo.		33A	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 2-49-301

Date Filed 3-29-49

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 _____

Harace Kenneth Hill

Student Embalmer No. 296

working under my personal supervision.

Signed Harace H. Hill
Student Embalmer

Signed Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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 this body is not embalmed, fact should be so stated above.