

FILED MAY 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13183

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chabone E. Echard		d. STREET ADDRESS (If rural, give location) none	
3. NAME OF DECEASED (Type or Print) a. (First) Charles E		b. (Middle) E.	
c. (Last) Echard		4. DATE OF DEATH (Month) (Day) (Year) 3-9-1874	
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 4-26-1949
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY 22nd	11. BIRTHPLACE (State or foreign country) Danville Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME Charles Echard	
13b. MOTHER'S MAIDEN NAME Annie Johnson		14. NAME OF HUSBAND OR WIFE Grace Echard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 486-16-3631	
17. INFORMANT'S SIGNATURE OR NAME Grace Echard		ADDRESS Montgomery City MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.		3 days.	
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) 12 p.m.	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 4-25-1949 , to Mar. 26, 1949 , that I last saw the deceased alive on 4-26, 1949 , and that death occurred at 12 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE James O. Helm M.D.		23b. ADDRESS New Florence Mo.	
23c. DATE SIGNED 4-28-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-28-49	24c. NAME OF CEMETERY OR CREMATORY St Marys	24d. LOCATION (City, town, or county) (State) Montgomery city MO
DATE REC'D BY LOCAL REG. 4-27-49	REGISTRAR'S SIGNATURE Bernice E. Cuyler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CW. HOPKINS MONTGOMERY CITY MO	

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

706

MAY 1 1953

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, XX On the 20

day of April 1949

Student Embalmer No. _____

working under my personal supervision.

C. W. Hopkins

C. W. Hopkins

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.