

FILED JUL 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24305

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 232

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If rural, give location) 220 East 19th	

3. NAME OF DECEASED (Type or Print) a. (First) BILL	b. (Middle) EUGENE	c. (Last) ECHARD	4. DATE OF DEATH (Month) (Day) (Year) July 9, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 15, 1930	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Naval Reserve	10b. KIND OF BUSINESS OR INDUSTRY U. S. Navy	11. BIRTHPLACE (State or foreign country) Sedalia, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Richard B. Echard	13b. MOTHER'S MAIDEN NAME Elsie Vera Wilborn	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes U. S. N. Reserve	16. SOCIAL SECURITY NO. 490-30-6963	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Richard B. Echard, Sedalia, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	18. CAUSE OF DEATH May 1, 1949 to now. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8/1/49 31
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Fracture base of skull due to auto accident.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hy # 30 E. of Sedalia	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Otterville Rural Cooper Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 9, 1949, 11:05 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident
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22. I hereby certify that I attended the deceased from _____ as corner of Pettis County, 19____, that/that/that the deceased **July 9, 1949**, and that death occurred at **11:05 P m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Chas. Gordon Stauffer, M.D.	23b. ADDRESS Sedalia, Missouri	23c. DATE SIGNED 7-10-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 22, 1949	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 7-12-49	REGISTRAR'S SIGNATURE Betty Yeager Deputy	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. Heckart, Sedalia, Mo
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RECEIVED JUL 18
District Health Officer No. 8,

District File Number _____

Date Filed 7-19-49

MAR 3 1950

JUL 22 1949

VS MAR 12 1962

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 _____
Student Embalmer

Signed Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.

[Handwritten signature]