

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30813

State File No. \_\_\_\_\_

FILED SEP 30 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 330 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u> 50	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>805 Huber St. /</u>		d. STREET ADDRESS (If rural, give location) <u>805 Huber</u> 3	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edward</u> c. (Last) <u>Eckman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 11, 1898</u>	9. AGE (16 years last birthday) (Months) (Days) (Hours) (Min.) <u>51 0 8</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life; if ever work retired) <u>Decorator</u>	11. BIRTHPLACE (State or foreign country) <u>St James Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Eckman</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Eckman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (es. no. or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ethel Eckman</u>	ADDRESS <u>Festus</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>	DUE TO (b) <u>Over work -</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c)	
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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (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 July 14, 1949, to July 19, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. P. O. Festus Mo</u>	23b. ADDRESS	23c. DATE SIGNED <u>July 21, 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Mem. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Crystal City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/21/49</u>	REGISTRAR'S SIGNATURE <u>Alena Belleville</u>	442	25. FUNERAL DIRECTOR'S SIGNATURE <u>"Jinks"</u>	ADDRESS <u>Festus Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

RECEIVED  
SEP 19 1949  
District Health Officer No. 9,  
District File Number

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

*Eleanora Povince*

Licensed Embalmer No.

*3403*

P. O. Address

*Festus 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.)

If this body is not embalmed, fact should be so stated above.