

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21293**

FILED JUN 22 1950

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 2097

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>ST FRANCOIS</u>		a. STATE <u>MISSOURI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		b. COUNTY <u>ST. FRANCOIS</u>	
c. LENGTH OF STAY (In this place) <u>3 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEAD WOOD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 ASH ST.</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>WILEY</u>	b. (Middle) <u>JOHN</u>	c. (Last) <u>ETCHISON</u>	(Month) <u>JUNE</u>	(Day) <u>10</u>	(Year) <u>1950</u>
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>SEPT. 7 1879</u>	<b>9. AGE (In years last birthday)</b> <u>70</u>	<b>IF UNDER 1 YEAR</b> Months <u>9</u> Days <u>3</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>MINER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>LEAD MINING</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>INDIANA</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>					

<b>13a. FATHER'S NAME</b> <u>JOHN M. ETCHISON</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNKNOWN</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>EFFIE ETCHISON</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>499-03-5373</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>MRS. EFFIE ETCHISON</u>	<b>ADDRESS</b> <u>211 ASH BONNE TERRE</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5-16</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Brain - Beri</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Voluntary Malnutrition</u> DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from Jan 1, 1950 to June 19, 1950, that I last saw the deceased alive on June 9, 1950, and that death occurred at 1306 m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>A. L. Evans M.D.</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>Bonne Terre, Mo.</u>	<b>23c. DATE SIGNED</b> <u>June 10, 1950</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>	<b>24b. DATE</b> <u>JUNE 11, 1950</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>LEADWOOD CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>LEADWOOD, MO.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>June 12, 1950</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ethel Rindloff</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Bel &amp; Boyer</u>	<b>ADDRESS</b> <u>Leadwood, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

650-814

**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.

Signed William E. Boyer

Signed .....  
Student Embalmer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.