

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7507  
Registrar's No. 2102

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007	
1. PLACE OF DEATH a. COUNTY BUTLER 0124			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BUTLER 0124		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. LENGTH OF STAY (in this place) 13 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		d. STREET ADDRESS (If rural, give location) BOX 133
3. NAME OF DECEASED (Type or Print) a. (First) UDIE b. (Middle) V. c. (Last) ECKSTEIN			4. DATE OF DEATH (Month) (Day) (Year) MARCH 13, 1952		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH 1/28/96	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR	10b. KIND OF BUSINESS OR INDUSTRY JANITOR	11. BIRTHPLACE (State or foreign country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ROBERT ECKSTEIN		13b. MOTHER'S MAIDEN NAME LYDIA GRAFF		14. NAME OF HUSBAND OR WIFE RUTH ECKSTEIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WWI		16. SOCIAL SECURITY NO. 209-28-8479	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung, left  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. INDEXED (b) Carcinoma of Brain secondary to Diagnosis # 1  DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 1-2 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 2/29/52, 1952, to 3/13/52, 1952, and that death occurred at 11:10 pm., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R. V. ELKIS, Chief of Service			23b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		23c. DATE SIGNED 3/14/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 53-14-52	24c. NAME OF CEMETERY OR CREMATORY Trenton, Tennessee		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. March 14 1952		REGISTRAR'S SIGNATURE Wm H Johnson 438		25. FUNERAL DIRECTOR'S SIGNATURE Green Cross & Satch Poplar Bluff, Mo	

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

RECEIVED  
MAR 18 1952

BUTLER CO. HEALTH CENTER

FILE No. 352-141

MAR 22 1952

MAR 18 1952

MAR 29 1952

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 *Joseph B. Matlock*

Licensed Embalmer No. 4834

P. O. Address *Opaluff, 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 notes at bottom left*

*Handwritten numbers at bottom right*