S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39660

FILED DEC 9 1953

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3539 Registrar's No. 590

0581

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline,
c. LENGTH OF STAY (In this place): 5yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline, 0581
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): D/
c. (Last): Echelbarger

4. DATE OF DEATH (Month) (Day) (Year): 11 20 53

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 15, 1882
9. AGE (In years last birthday): 71 — If under 1 year: Months 6, Days 5; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Newton, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: David Echelbarger
13b. MOTHER'S MAIDEN NAME: Nellie Wheeler
14. NAME OF HUSBAND OR WIFE: Elva (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mabel Wessel
ADDRESS: Morrison, 977

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation & Burns

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Explosion & Fire

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Marceline
(COUNTY): Linn 258
(STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 20 1953 2P.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Lamer B. McClelland
(Degree or title): Coroner 3
23b. ADDRESS: Brookfield Mo.
23c. DATE SIGNED: 11/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/23/53
24c. NAME OF CEMETERY OR CREMATORY: Fulton
24d. LOCATION (City, town, or county) (State): Fulton, Ill.

DATE REC'D BY LOCAL REG.: 11-22-53
REGISTRAR'S SIGNATURE: Mary Jane Owens
401-
25. FUNERAL DIRECTOR'S SIGNATURE: James McLaughlin
ADDRESS: Marceline Mo

(Licensed Embalmer's Statement on Reverse Side)

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 George S. Cromwell

Licensed Embalmer No. 4425

P. O. Address 600 E. Santa Fe

Marceline, 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.