

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23757

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 31

1. PLACE OF DEATH
 a. COUNTY **MONROE**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RURAL-JACKSON TWP.**
 c. LENGTH OF STAY (In this place) **4 YRS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **R.F.D. #2 - PARIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
 a. STATE **MISSOURI** b. COUNTY **MONROE**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RURAL-JACKSON TWP.**
 d. STREET ADDRESS (If rural, give location) **R.F.D. #2 PARIS** 690

3. NAME OF DECEASED
 a. (First) **SARAH** b. (Middle) **EDNA** c. (Last) **ECKMAN**
 4. DATE OF DEATH (Month) (Day) (Year) **JULY 14, 1954**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **AUG 23, 1865** 9. AGE (In years last birthday) **89** IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HORSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **OWN HOME** 11. BIRTHPLACE (State or foreign country) **ILLINOIS** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOHN PARNERSON** 13b. MOTHER'S MAIDEN NAME **N. K.** 14. NAME OF HUSBAND OR WIFE **ELDER ECKMAN**

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 **FRANK ECKMAN** ADDRESS **PARIS, MO.**

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis** INTERVAL BETWEEN ONSET AND DEATH **N.K.**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 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 NO

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) **PARIS, MO.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 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 **May 15, 1954**, to **7-14, 1954**, that I last saw the deceased alive on **7-14, 1954**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **F. A. Barnett M.D.** (Degree or title) 23b. ADDRESS **PARIS, MISSOURI** 23c. DATE SIGNED **7-15-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **7-16-54** 24c. NAME OF CEMETERY OR CREMATORY **WALNUT GROVE** 24d. LOCATION (City, town, or county) (State) **PARIS, MO.**

DATE REC'D BY LOCAL REG. **7-15-54** REGISTRAR'S SIGNATURE **F. A. Barnett** 435 25. FUNERAL DIRECTOR'S SIGNATURE **D. Speed & Blakey** ADDRESS **PARIS, MISSOURI**

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

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 *E. H. Higney*

Licensed Embalmer No. 4002

P. O. Address PARIS, MISSOURI

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.