

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 4 1955

BIRTH NO. REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5867 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Oregon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Oregon 1750		
b. CITY (If outside corporate limits, write RURAL and give township) Thayer ✓		c. LENGTH OF STAY (in this place) 36 yrs	c. CITY OR TOWN Thayer		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION & mile west of Thayer in route to hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) S		c. (Last) Eckard	
4. DATE OF DEATH (Month) (Day) (Year) 3-28-55					
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married ✓	8. DATE OF BIRTH 11-18-1883		9. AGE (in years last birthday) 71
			IF UNDER 1 YEAR Months 4	Days 19	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Warrensburg, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME John Eckard		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Whiten		14. NAME OF HUSBAND OR WIFE Ambie Ruth Eckard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-18-7397	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ambie Eckard, Thayer Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))					
MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage					
ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
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 <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30p. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Lee D. Martin, Coroner, Thayer, Mo.			23b. ADDRESS		23c. DATE SIGNED 4-1-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-30-55	24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery		24d. LOCATION (City, town, or county) (State) Thayer Oregon, Missouri	
DATE REC'D BY LOCAL REG. 4-2-1955	REGISTRAR'S SIGNATURE Arthur Wolff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

1961 2

1961

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.....
Signature of Student Embalmer

Signed *Richard Curtis*

Licensed Embalmer No... 454

P. O. Address *Shayne*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.