

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39621

FILED JAN 3 - 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5092 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give street name) OR TOWN Butler Mo. Lone Oak Twp.		c. CITY OR TOWN BUTLER MO.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> MO
c. LENGTH OF RESIDENCE (If not in this place) 85 yrs		e. STREET ADDRESS (If rural, give location) Lone Oak Twp. Bates Co Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD.#5 Butler Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) Elmer	c. (Last) Eckles	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17 1955
-------------------------------------	--------------------------	--------------------------	-------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 4 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 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 general farmer	11. BIRTHPLACE (City and State or Foreign Country) Bates Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME James Eckels	13b. MOTHER'S MAIDEN NAME Rebecca White	14. NAME OF HUSBAND OR WIFE Visa Thomas Eckels
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Elmer Eckels-RFD #5 Butler Missouri	ADDRESS _____
---	-------------------------------------	--	---------------

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) pulmonary edema		DUE TO (b) Left Side heart failure		1 hour
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) hypertension		3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic nephritis 443x				10 years

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) (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 Sept. 18 1934 to Dec. 15, 1955, that I last saw the deceased alive on Dec. 15, 1955, and that death occurred at 5:50 pm m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. S. Lattue, M.D.	23b. ADDRESS Butler Missouri	23c. DATE SIGNED 12/19/55
--	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/21/55	24c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery	24d. LOCATION (City, town, or county) (State) Butler, Mo.
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. Dec. 20-55	REGISTRAR'S SIGNATURE Rendall Kurey	25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood	ADDRESS Butler Missouri
--	--	--	--------------------------------

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert G. Steinfeld*.....

Licensed Embalmer No. 4.....

P. O. Address Butler.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.