

FILED APR 4 - 1956

STANDARD CERTIFICATE OF DEATH

State File No.

81

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5727 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural, Narrows twp.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>RR #1, Narrows twp.</u>				
3. NAME OF DECEASED a. (First) <u>William</u> (Type or Print)			b. (Middle) <u>Randolph</u>		c. (Last) <u>Eckles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 24, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10/9/1877</u>		9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR <u>5</u> Months	11. UNDER 2 HRS. <u>15</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Handcock Co., Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Stephen Eckles</u>			13b. MOTHER'S MAIDEN NAME <u>Lucinda Walters</u>			14. NAME OF HUSBAND OR WIFE <u>Bertie May Wainscott</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bertie M. Eckles, Macon, Mo.</u>				
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.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endocarditis Chronic</u> <u>Myocarditis Chronic</u> DUE TO (c)						See Yes.	
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 <u>4201</u>						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)		21d. (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 <u>46</u> , to <u>Mar 24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Mar 15</u> , 19 <u>56</u> , and that death occurred at <u>2 P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Howard Keller Mo.</u> (Degree or title)				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>3/27/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Side Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Summer, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3/31/56</u>		REGISTRAR'S SIGNATURE <u>Paul Muealy</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Robert Bras</u>		ADDRESS <u>Macon, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

850

1951

RECEIVED 3.2.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.56.52
Date Filed 3.3.56

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 *R. Lester Brown*

Licensed Embalmer No. 447

P. O. Address *Macon*

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.