

FILED NOV 23 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 38793

Registration District No. 210 Primary Registration District No. 5776 Registrar's No. 66

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Washington Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb life		d. STREET ADDRESS (If outside, give location) 665 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Thomas Middle J. Last Ecklin			4. DATE OF DEATH Month 11 Day 10 Year 56		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1872		9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mercer Co., Mo	
13. FATHER'S NAME John R. Ecklin			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no no			14. MOTHER'S MAIDEN NAME Margaret Dismore		16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs Herbert Mason Princeton, Mo			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Nephritis DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-10-56 to 11-10-56 and last saw her/him alive on 11-10-56 . Death occurred at 5:00 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John M. Perry (Degree or title)			22b. ADDRESS Princeton, Mo		22c. DATE SIGNED Nov 11 56
23a. BURIAL, CREMATION REMOVAL (Specify) burial		23b. DATE 11-12-56		23c. NAME OF CEMETERY OR CREMATORY Prince Cemetery	
23d. LOCATION (City, town, or county) Mercer Co, Mo		(State)			
24. FUNERAL DIRECTOR Noel Moss		ADDRESS Princeton, Mo		25. DATE RECD. BY LOCAL REG. 11-11-56	
26. REGISTRAR'S SIGNATURE Paul M. M. M.					

(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
by me, or by me Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Hal Tuck

Licensed Embalmer No. 24

P. O. Address Junata

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.