

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9541

STATE FILE NUMBER

FILED MAR 18 1957

Registration District No. 251

Primary Registration District No. 5846

Registrar's No. 28

Health,  
& Welfare  
Public  
Service

S. 300  
1-56

Securing the identity of certifier and the specific name and address of physician is required. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually 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 <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lincoln Twp.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Elmo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Family home</b>			Length of stay in lb <b>53 yrs.</b>	d. STREET ADDRESS <b>5 miles northwest</b>			(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)			First <b>ETHEL</b>	Middle <b>BERNICE</b>	Last <b>ECKER</b>	4. DATE OF DEATH Month <b>3</b> Day <b>12</b> Year <b>57</b>	
5. SEX <b>Female</b>	6. COLOR, OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2/5/83</b>		9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>College Springs, Ia,</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>John M. McCord</b>				14. MOTHER'S MAIDEN NAME <b>Mary Ellen Short</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Orie Ecker, Elmo, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Inanition due to hypoproteinaemia</b>				18 yrs.	
		DUE TO (c)					
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 checked="" type="checkbox"/>	
<b>Arthritis deformans for 20 yrs.</b>						<b>2866</b>	
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 <b>Mar. 30, 1943</b> to <b>Mar. 12, 1957</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Mar 12-57</b> Death occurred at <b>9:30</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Harvink D. O.</b>				22b. ADDRESS <b>Elmo, Missouri</b>		22c. DATE SIGNED <b>3-13-57</b>	
23a. BURIAL CREATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3/14/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>College Springs</b>		23d. LOCATION (City, town, or county) (State) <b>College Springs, Iowa</b>			
24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo</b>			ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-16-57</b>	25. REGISTRAR'S SIGNATURE <b>Bess Bolt</b>		

227-6

APR 19 1957

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 *Curtis C. Kinsley*

Licensed Embalmer No. 493

P. O. Address *Marysville*

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.