

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36958

STATE FILE NUMBER

FILED NOV 13 1957

Registration District No. 291 Primary Registration District No. 5998 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-YORK Tmp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural-YORK Tmp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Powersville, Mo.</u>			Length of stay in 1b <u>2 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>Powersville, Mo.</u>
3. NAME OF DECEASED (Type or print) First <u>Ora</u> Middle <u>Clarence</u> Last <u>Eckles</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>29</u> Year <u>1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 10, 1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Month <u>11</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Adair Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Neal Eckles</u>			14. MOTHER'S MAIDEN NAME <u>Mary VanSickle</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-12-7025</u>	17. INFORMANT <u>Clara Kowalski-Powersville, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar pneumonia</u> DUE TO (b) <u>Influenza (at B. pusillus)</u> DUE TO (c) <u>Senility</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>10 days</u>
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.) <u>480X</u>				
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 <u>Oct 18-37</u> to <u>Oct 29-57</u> and last saw <u>her</u> alive on <u>Oct 29-57</u> . Death occurred at <u>5:45</u> <u>p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W. S. Field D.O.</u>		22b. ADDRESS <u>Unionville, Mo.</u>		22c. DATE SIGNED <u>10/30/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	23b. DATE <u>Nov. 1, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unionville, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Unionville, Mo.</u>		
24. FUNERAL DIRECTOR <u>R. S. S. S.</u>		ADDRESS <u>Unionville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mo. 11-9-57</u>	26. REGISTRAR'S SIGNATURE <u>Marcell J. Durbin</u>	

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 *F. O. Husted* .....  
Licensed Embalmer No. *297*  
P. O. Address *Unionville*

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.