

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE

59-035011

FILED VS OCT 5 1959

STATE FILE NUMBER

Registration District No. 371 Primary Registration District No. 4541 Registrar's No. 13

UNRECORDED

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FORDLAND		Length of stay in 1b 10 YRS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If outside, give location) FORDLAND	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last NOVA M ECKLES			4. DATE OF DEATH Month Day Year SEPTEMBER 22 1959		
---	--	--	---	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-3-1884	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
---------------	------------------------	--	----------------------------	---------------------------	-----------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) STATE OF MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
--	-----------------------------------	--	---------------------------------

13a. FATHER'S NAME MARION TAYLOR	13b. MOTHER'S MAIDEN NAME FRANCES PRESTON	14. NAME OF HUSBAND OR WIFE ED. ECKLES
----------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT ED ECKLES FORDLAND, MO
---	-------------------------	--------------------------------------

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>Crown Thrombosis</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year
---

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 July 7, 1959 to Sept 22, 59 and last saw her alive on Sept 18, 1959  
 Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R.R. Schultz, M.D.	22b. ADDRESS Fordland, Mo.	22c. DATE SIGNED 9/25/59
---	----------------------------	--------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-26-1959	23c. NAME OF CEMETERY OR CREMATORY FORDLAND CEMETERY	23d. LOCATION (City, town, or county) FORDLAND, MISSOURI
--	---------------------	--	--

24. FUNERAL DIRECTOR Kelley Ferrell FORDLAND, MO	25. DATE RECD. BY LOCAL REG. Sept. 28, 1959	26. REGISTRAR'S SIGNATURE Opal M. Good
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Alvin E. Jewell

Licensed Embalmer No. 4847

P. O. Address Manassas, Va.

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.