

**RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**
**-60-007842**
**FILED VS FEB 24 1960**

STATE FILE NUMBER

 Registration District No. 316 Primary Registration District No.      Registrar's No. 71

|  |  |  |  |   |   |   |   |  |  |  |  |
|--|--|--|--|---|---|---|---|--|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>St. Francois</u><br>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington Rt#1</u> Length of stay in 1b <u>9 Days</u><br>c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Area Osteopathic Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Washington</u><br>c. CITY OR TOWN <u>Irondale</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>d. STREET ADDRESS (if outside, give location) <u>1 1/2 Mi. E. Hwy. d</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |   |  |  |  |  |
| <b>3. NAME OF DECEASED</b> (Type or print) First <u>SAMUEL</u> Middle <u>THOMAS</u> Last <u>ECHOLS</u>   |  |  |  | <b>4. DATE OF DEATH</b> Month <u>February</u> Day <u>16</u> Year <u>1960</u>  |   |   |   |  |  |  |  |
| <b>5. SEX</b><br><u>Male</u>   |  | <b>6. COLOR OR RACE</b><br><u>White</u>  |  | <b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  |   | <b>8. DATE OF BIRTH</b> <u>6-24-1888</u>                                      |   | <b>9. AGE</b> (last birthday) <u>71</u><br>IF UNDER 1 YEAR: Months <u>7</u> Days <u>24</u><br>IF UNDER 24 HR: Hours <u>    </u> Min. <u>    </u>                     |  |  |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life. Even if retired)<br><u>Corporation President</u>   |  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>S.T. Echols, Inc.</u> |   |   | <b>11. BIRTHPLACE</b> (City and state or country)<br><u>Little Rock, Ark.</u> |   | <b>12. CITIZEN OF WHAT COUNTRY</b><br><u>USA</u>   |  |  |  |
| <b>13a. FATHER'S NAME</b><br><u>Thomas Jefferson Echols</u>  |  |  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Henritta Wynne</u>   |   |   |   | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Viola Echols</u>  |  |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)<br><u>None</u>  |  |  |  | <b>16. SOCIAL SECURITY NO.</b><br><u>489-03-9738</u>  |   |   |   | <b>17. INFORMANT</b> Address<br><u>Mrs. Viola Echols Irondale, Mo.</u>   |  |  |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Sepsis</u><br>DUE TO (b) <u>Bilateral Plueral Emphyema</u><br>DUE TO (c) <u>Lobar Pneumonia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                        |  |  |  |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br>Hours<br>Days<br>Weeks   |  |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> |  | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |   |   |   |  |  |  |  |
| <b>20c. TIME OF INJURY</b><br>Hour <u>    </u> a.m. <u>    </u> p.m.<br>Month, Day, Year   |  | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                  |  | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | <b>20f. CITY, TOWN, OR LOCATION</b>   |   | COUNTY STATE   |  |  |  |
| <b>21.</b> I attended the deceased from <u>February 1, 1960</u> to <u>February 15, 1960</u> and last saw him alive on <u>February 15, 1960</u><br>Death occurred at <u>9:50 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |  |   |   |   |   |  |  |  |  |
| <b>22a. SIGNATURE</b> (Degree or title)<br><u>M. M. Beck</u>   |  |  |  |   | <b>22b. ADDRESS</b><br><u>Bismarck, Missouri</u>            |   |   | <b>22c. DATE SIGNED</b><br><u>2/18/60</u>  |  |  |  |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u>  |  | <b>23b. DATE</b><br><u>Feb. 19, 1960</u>   |  | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><u>Catholic Cemetery</u>   |   |   | <b>23d. LOCATION</b> (City, town, or county) (State)<br><u>Bismarck, Missouri</u> |  |  |  |  |
| <b>24. FUNERAL DIRECTOR</b> ADDRESS<br><u>Shipman &amp; Sons Bismarck, Missouri</u>  |  |  |  |   | <b>25. DATE RECD. BY LOCAL REG.</b><br><u>Feb. 19, 1960</u> |   | <b>26. REGISTRAR'S SIGNATURE</b><br><u>Ether Rudloff</u>                          |  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0981

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed John N. Shipman

Licensed Embalmer No. 488

P. O. Address Bismarck

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.