

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-019133**

FILED VS MAY 31 1960

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 72

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bethany</b>		Length of stay in 1b <b>14 Days</b>	c. CITY OR TOWN <b>New Hampton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <b>Reid Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>East Part</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>William Jennings Eckerson</b>			4. DATE OF DEATH Month <b>May</b> Day <b>23</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/13/96</b>	9. AGE (last birthday) <b>63</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Service St. Attn.</b>		11. BIRTHPLACE (City and state or country) <b>Harris, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Sherman Eckerson</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Stufflebeam</b>			14. NAME OF HUSBAND OR WIFE <b>Nina Pearl Eckerson</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>493-26-1811</b>		17. INFORMANT Address <b>Mrs. Pearl Eckerson New Hampton, Mo.</b>			
---	--	---	--	---	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>			<b>13 days</b>
DUE TO (b) <b>Hypertensive Heart Disease</b>			<b>5 yrs.</b>
DUE TO (c) _____			_____
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 <b>Bethany, Missouri</b>		COUNTY <b>Mo.</b>		STATE	
21. I attended the deceased from <b>5-10-60</b> to <b>5-23-60</b> and last saw him <sup>xxx</sup> alive on <b>5-23-60</b>		Death occurred at <b>1:3 - A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							

22a. SIGNATURE <i>William H. Noble &amp; Son</i> (Degree or title) <b>D.O.</b>			22b. ADDRESS <b>Bethany, Missouri</b>			22c. DATE SIGNED <b>5-23-60</b> (State)		
23a. BURIAL, CREMATION, REMOVAL <b>Burial</b>		23b. DATE <b>May 25, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Allen Cemetery</b>		23d. LOCATION (City, town, or county) <b>Harrison Co., Mo.</b>		

24. FUNERAL DIRECTOR <b>W. H. Noble &amp; Son</b> ADDRESS <b>New Hampton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-23-1960</b>		26. REGISTRAR'S SIGNATURE <i>Gella Masey</i>			
---	--	--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 3 1960

STATEMENT BY LICENSED EMBALMER

JUN 2 1960

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 W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampshire

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.