

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025452

FILED VS JUN 20 1960

324

Primary Registration District No. 3073

Registrar's No. 122

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Saline		b. CITY (If outside corporate limits, give TOWNSHIP only) Marshall		a. STATE Saline		b. COUNTY Missouri	
Length of stay in 1b 15 yrs.		c. CITY OR TOWN Marshall		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 468 S Jefferson		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d. STREET ADDRESS (If outside, give location) 468 S Jefferson		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First VIRGINIA		Middle B		Last ECKLES		Month Day Year June 13, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-14-1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Pettis Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Peyton Weathers			13b. MOTHER'S MAIDEN NAME Nancy Roberts Weathers			14. NAME OF HUSBAND OR WIFE John D. Eckles (dec)	
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. No		17. INFORMANT Edgar Eckles 468 S Jefferson			
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) Cerebral Vas accident						1 day	
DUE TO (b) Cerebral Vas thrombosis						1 day	
DUE TO (c) Arteriosclerosis Vas disease 10yr							
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 June 5 - 60 to June 12 - 60 and last saw him alive on June 12, 1960 Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Dr. Kuykendall</i>				22b. ADDRESS Marshall, Missouri		22c. DATE SIGNED 6-13-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-14-1960	23c. NAME OF CEMETERY OR CREMATORY Houstonia Cemetery		23d. LOCATION (City, town, or county) (State) Houstonia, Missouri		
24. FUNERAL DIRECTOR Sweeney-Reser Funeral Home, Marshall				ADDRESS 6-13-'60		25. DATE RECD. BY LOCAL REG. 6-13-'60	
26. REGISTRAR'S SIGNATURE <i>Carl G. Reed</i>							

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack W. Keser

Licensed Embalmer No. 4643

P. O. Address Michell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.