

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005162

STATE FILE NUMBER

AMENDED

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 6

FILED FEB 15 1962

1. PLACE OF DEATH a. COUNTY <b>Stoddard Pike Twp.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bell City</b>	Length of stay in 1b <b>3 weeks</b>	c. CITY OR TOWN <b>Charleston</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>Route 1</b>		d. STREET ADDRESS (If outside, give location) <b>Locust St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Eddie</b> Middle <b>Echols</b> Last <b>Echols</b>			4. DATE OF DEATH Month <b>February</b> Day <b>1</b> Year <b>1962</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/12/1891</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Memphis, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>James Echols</b>		13b. MOTHER'S MAIDEN NAME <b>Susie Dewdy</b>		14. NAME OF HUSBAND OR WIFE <b>Addie Echols</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Sarah Polk, Wyatt, Missouri</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia and burns of entire body due to</b> <b>fire which destroyed home.</b> Interval between ONSET AND DEATH <b>minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>House fire, which completely destroyed frame home.</b>	
20c. TIME OF INJURY Hour <b>11:00</b> p.m. Month, Day, Year <b>2/1/62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm Home</b>		20f. CITY, TOWN, OR LOCATION <b>Bell City, R. 1</b> COUNTY <b>Stoddard</b> STATE <b>Mo.</b>	

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **11:00 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Marsh Watkins - Croner</i> (Degree or title)		22b. ADDRESS <b>Dexter, Mo.</b>		22c. DATE SIGNED <b>2/2/62</b>	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/3/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Pilgrim Rest Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Bell City, Missouri</b>		23e. (State)		23f. (State)	

24. FUNERAL DIRECTOR <i>R. R. Sparks</i> ADDRESS <b>Charleston, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2/5/62</b>		26. REGISTRAR'S SIGNATURE <i>Bernice Moore</i>	
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 ITEM NO.

FEB 19 1962

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.

This body was not embalmed.

Student \_\_\_\_\_

Signed Louis Robert Jones

Signature of Student Embalmer

Licensed Embalmer No. 5132

P. O. Address Charleston,

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.