

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12000

State File No.

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Cole Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Centertown, Mo Rt #1 0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Centertown, Mo Rt #1</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Eckenberger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 6, 1857</u>
9. AGE (In years less birthday) <u>94</u>	IF UNDER 1 YEAR (Months) (Days) <u>10 0</u>	IF UNDER 10 HRS. (Hours) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Akron Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ed. McAllister</u> ADDRESS <u>Jefferson City</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Gangrenous lower legs</u> <u>2 wks.</u> DUE TO (c) <u>Generalized arteriosclerosis</u> <u>15 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u> <u>2 yrs</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>51</u> , to <u>May</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 2</u> , 19 <u>51</u> , and that death occurred at <u>8/30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W Donald Shall, M.D.</u> (Degree or title)		23b. ADDRESS <u>229 E High, Jefferson City, Mo</u>	23c. DATE SIGNED <u>5-7-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/8/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centertown, MO</u>
DATE REC'D BY LOCAL REG. <u>May 8</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittman</u>	70	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bonkin</u> ADDRESS <u>California</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 5-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-12-51 _____

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Earl R. Boulton

Licensed Embalmer No. 7126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.