

062-50-1-062-0-0

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

434.3 26

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 17981

1. PLACE OF DEATH a. COUNTY <u>DeWitt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Texas</u> b. COUNTY <u>DeWitt</u>	
c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Yorktown (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Yorktown (Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3 Miles west of town</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles west of town</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>		b. (Middle) <u>G.</u>	
c. (Last) <u>ECKHARDT, JR.</u>		4. DATE OF DEATH <u>April 22, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 23, 1901</u>
9. AGE YEARS MONTHS DAYS <u>49</u> <u>3</u> <u>29</u>	9. UNDER 24 HRS. <u>Mo.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Livestock Industry</u>	
11. BIRTHPLACE (State or foreign country) <u>Yorktown, Texas</u>		12. MOTHER'S MAIDEN NAME <u>Lila Winbush</u>	
12. FATHER'S NAME <u>Oscar G. Eckhardt, Sr. Yorktown, Tex.</u>		BIRTHPLACE <u>Texas</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Attack</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>l.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DEPARTMENT OF BUREAU OF VITAL STATISTICS	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>M</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR PRECINCT (COUNTY) (STATE) <u>NO</u>		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>5:15 P</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from <u>12-23-01</u> to <u>4-22-51</u> , that I last saw the deceased alive on <u>4-22-51</u> , and that death occurred at <u>5:15 P</u> m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Yorktown, Texas</u>	
22c. DATE SIGNED <u>4-22-51</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>4-24-51</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Austin Texas</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Mollenhauer Funeral Home</u> Per: <u>Wignard G.</u>	
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR <u>4-22-51</u>	
25c. REGISTRAR'S SIGNATURE <u>W. J. Ryan, Yorktown</u>			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE