

FILED JUN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20335

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stover, Missouri.		d. STREET ADDRESS (If rural, give location) Stover, Missouri.	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) HENRY c. (Last) ECKHOFF			4. DATE OF DEATH (Month) (Day) (Year) June 11 49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29, 1893	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (State or foreign country) Benton County, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Dick Eckhoff		13b. MOTHER'S MAIDEN NAME Ellie Wickern		14. NAME OF HUSBAND OR WIFE Kathryn Eckhoff	
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. 497-12-5046		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Kathryn Eckhoff Stover, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3:31X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:45pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bird L. Williams Morgan County Coroner		23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 6-13-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 14 49		24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery		24d. LOCATION (City, town, or county) (State) Stover, Missouri.	
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DATE REC'D BY LOCAL REG. June 17 1949		REGISTRAR'S SIGNATURE Wm L Ripberger		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Levinson Stover, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

 No. 300
10.48

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RECEIVED

District Health Officer No. 7,

District File Number 5-49-72

Date Filed 6-20-49

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. _____

Student
Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri

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.