

FILED JAN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40887**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **180**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE Mo b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. CITY (If outside corporate limits, write RURAL and give township) Trenton	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1433 Norton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Memorial Hospital			
3. NAME OF DECEASED (Type or Print)	a. (First) MARJORIE	b. (Middle) FERN	c. (Last) EICHER
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH June 1, 1918 Dec 30 1949
9. AGE (In years last birthday) 31	10. MONTH 6	11. DAY 29	12. YEAR 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Grundy Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Walter Cecil Wagner	13b. MOTHER'S MAIDEN NAME Cecil Mae Ishmael	14. NAME OF HUSBAND OR WIFE William Henry Eicher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME William H. Eicher ADDRESS Trenton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia of Pregnancy		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		670X
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abruptio Placenta (Dyntel prep)		3 days
19a. DATE OF OPERATION Dec 27th 1949	19b. MAJOR FINDINGS OF OPERATION Caesarian Section - Placenta Ruptured		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)	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 **Dec 27th, 1949**, to **Dec 30th, 1949**, that I last saw the deceased alive on **Dec 30th, 1949**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Clara Fluffy MD (Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED Dec 31st 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-1-50	24c. NAME OF CEMETERY OR CREMATORY Maple Brook
24d. LOCATION (City, town, or county) (State) Trenton Mo	DATE REC'D BY LOCAL REG. 12/31/49 REGISTRAR'S SIGNATURE Deane Fair 115 FUNERAL DIRECTOR'S SIGNATURE W. Simpson by Gordon Blackmer ADDRESS Trenton Mo.	

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

JAN 5 1950

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.

Student
Student Embalmer

Signed J. Andrew Blackmore

Licensed Embalmer No. 4602

P. O. Address Trouton, 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.