

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1950

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Benton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton 0070</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural E. Williams township</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural E. Williams Township</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles east of Cole Camp</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles east of Cole Camp</u>			d. STREET ADDRESS (If rural, give location) <u>3 miles east of Cole Camp</u>		
3. NAME OF DECEASED (Type or Print) <u>HENRY CONRAD EICKHOFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 14, 1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months <u>11</u> Days <u>20</u>
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	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Eickhoff</u>		13b. MOTHER'S MAIDEN NAME <u>Meta Feisterberg</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Nee Von Holtens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, specify war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henry Eickhoff Cole Camp, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lifer</u>				
	ANTECEDENT CAUSES DUE TO (b) <u>Metastasis from Prostate</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				<u>177A</u>
19a. DATE OF OPERATION <u>x Oct. 2, 1945</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</u>				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)			
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 <u>Jan 1, 1944</u> to <u>Feb. 4, 1950</u> , that I last saw the deceased alive on <u>2-4-1950</u> and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. Peter Mal.</u>			23b. ADDRESS <u>Cole Camp, Mo</u>		23c. DATE SIGNED <u>2-4-1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp, Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Cole Camp, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 6, 1950</u>	REGISTRAR'S SIGNATURE <u>E. L. Eickhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Gray</u>	ADDRESS <u>Cole Camp, Mo.</u>	

1958

RECEIVED

District Health Officer No. 7

District File Number 1-50-67

2-14-50

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

Licensed Embalmer No. 4097

P. O. Address

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.