

S. No. 300  
V. 10.48

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33327

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Williams Township 0080	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If rural, give location) 5 Miles North West of Cole Camp	

3. NAME OF DECEASED (Type or Print) a. (First) Hilmer b. (Middle) Lee c. (Last) Eckhoff			4. DATE OF DEATH (Month) (Day) (Year) Oct 9th 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 29th 1928	9. AGE (in years last birthday) 22	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Lime Quarry		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Ernest Eckhoff		13b. MOTHER'S MAIDEN NAME Mabel Eckhoff		14. NAME OF HUSBAND OR WIFE --	
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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. 448-34-8799		17. INFORMANT'S SIGNATURE OR NAME Ernest Eckhoff R F D #1 Ionia, Mo		ADDRESS	
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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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polionmyelitis (Bulbar)					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) unknown					
		DUE TO (c) unknown					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					
						1983	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Oct 8, 1950, to Oct 9, 1950, that I last saw the deceased alive on Oct 9, 1950, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE B. W. Morland		23b. ADDRESS 2 (Degree or title) Cole Camp, Mo.		23c. DATE SIGNED 10-10-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 11th 1950	24c. NAME OF CEMETERY OR CREMATORY St John's, Cheese Creek	24d. LOCATION (City, town, or county) (State) Benton Missouri		
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DATE REC'D BY LOCAL REG. Oct 11-1950	REGISTRAR'S SIGNATURE Florence A. Davis	FUNDERAL DIRECTOR'S SIGNATURE E. L. Eckhoff	ADDRESS Cole Camp Mo		
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(If Licensed Embalmer's Statement on Reverse Side)

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

0437

RECEIVED 10-16-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-16-50

LIC

OCT 20 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 *E L Euckhoff*

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

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.