

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **140**

DECEASED JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. **91** PRIMARY REG. DIST. NO. **5106** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Benton		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 town) OR Rural Cole Township		c. CITY (If outside corporate limits, write RURAL and give township) OR Rural Cole Township	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 9 Miles South of Cole Camp	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 miles South of Cole Camp			

3. NAME OF DECEASED (Type or Print) a. (First) Anna	b. (Middle) Maria	c. (Last) Metscher	4. DATE OF DEATH (Month) (Day) (Year) Jan 10th 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 12th 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dieterich Eckhoff	13b. MOTHER'S MAIDEN NAME Gasena Balke	14. NAME OF HUSBAND OR WIFE Fred Metscher
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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. None	17. INFORMANT'S SIGNATURE OR NAME Norman Metscher	ADDRESS Cole Camp Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Essential Hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	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 **1-1**, 1952, to **1-10**, 1952, that I last saw the deceased alive on **1-9-52**, and that death occurred at **8:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE A. W. Inwood, Coroner	(Degree or title) 3	23b. ADDRESS Cole Camp, Mo	23c. DATE SIGNED 1-12-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 13, 1952	24c. NAME OF CEMETERY OR CREMATORY St Hulda Cemetery	24d. LOCATION (City, town, or county) (State) Benton County Missouri
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DATE REC'D BY LOCAL REG. Jan 12 1952	REGISTRAR'S SIGNATURE E. L. Eckhoff	25. FUNERAL DIRECTOR'S SIGNATURE E. L. Eckhoff	ADDRESS Cole Camp, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0080

RECEIVED

JAN 15 1952

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

JAN 15 1952

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. Eickhoff

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.