

No. 300 FILED SEP 8 - 1952
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27111

State File No.

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5106 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Benton <i>080</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton <i>080</i>	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Cole Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cole Township <i>0</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 6 Miles South Lincoln	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 Miles South Lincoln			

3. NAME OF DECEASED (Type or Print) a. (First) Amos Heinrich Johan b. (Middle) Lackman c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 28th 1952		
---	--	--	---	--	--

5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <i>1</i>	8. DATE OF BIRTH August 12, 1903	9. AGE (In years) (Days) (Hours) (Mins.) 49 <i>0</i> <i>16</i> <i>0</i> <i>0</i>
-------------------------	---------------------------	--	-------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Missouri <i>0</i>	12. CITIZEN OF WHAT COUNTRY? U S A
--	---	---	---------------------------------------

13a. FATHER'S NAME Fred Lackman	13b. MOTHER'S MAIDEN NAME Emma Kirksick	14. NAME OF HUSBAND OR WIFE Flora Lackman
------------------------------------	--	--

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 Mrs Flora Meyer	ADDRESS Cole Camp 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>Infected Tonsils</i>		
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 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 Dec 2, 1949, to Death, 1952, that I last saw the deceased alive on Aug 27, 1952, and that death occurred at 7:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>P. F. Eckhoff</i>	(As to one title)	23b. ADDRESS <i>Wersailles Mo</i>	23c. DATE SIGNED <i>9-2-52</i>
--	-------------------	--------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <i>1</i>	24b. DATE Aug 29, 1952	24c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial	24d. LOCATION (City, town, or county) (State) Cole Camp Missouri
--	---------------------------	--	---

DATE REC'D BY LOCAL REG. Sept 2, 52	REGISTRAR'S SIGNATURE <i>E. L. Eckhoff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>E. L. Eckhoff</i>	ADDRESS Cole Camp Mo
--	---	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1933

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. Eichhoff
.....

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.