

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

784

State File No. ....

No. 300  
10.48

FILED JAN 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 3

272

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Cooper</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>	
c. LENGTH OF STAY (If applicable) <u>20 Years</u>		d. STREET ADDRESS (If rural, give location) <u>801 Third St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home, 801 Third St.</u>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>Florence</u>	b. (Middle) <u>Edwards</u>	c. (Last) <u>Eichelberger</u>	(Month) <u>January</u>	(Day) <u>9</u>	(Year) <u>1953</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 12 1868</u>		<b>9. AGE</b> (In years last birthday) <u>84</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done for most of time, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Boonville, Missouri.</u>	
			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA.</u>		

<b>13a. FATHER'S NAME</b> <u>Alfred Edwards</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Virginia Stipe</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Adam S. Eichelberger.</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Robert McLorn, Boonville, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CEREBRAL HEMORRHAGE</u>		<u>14 DAYS</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERAL ARTERIOSCLEROSIS</u> DUE TO (c) _____		<u>UNKNOWN</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Jan 10 1953 5:45 P.M.</u>	<b>21e. INJURY OCCURRED WHILE AT WORK?</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Jan 16, 1951, to Jan 9, 1953, that I last saw the deceased alive on Jan 8, 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>J.C. Fincher M.D.</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Boonville Mo</u>	<b>23c. DATE SIGNED</b> <u>Jan. 10, 1953</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Jan. 11 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Walnut Grove</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Boonville, Missouri.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-10-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>D. Hooper 381</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Goodman &amp; Boller, Boonville, Mo.</u>	<b>ADDRESS</b>
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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.A. Goodman* .....

Licensed Embalmer No. *1178* .....

P. O. Address *Boonville, 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.