

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2050

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 11

1540  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY OR TOWN <u>CONCORDIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u> <u>1540</u>	
c. LENGTH OF STAY (in this place) <u>23 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>502 WEST ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 WEST ST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGDALENA</u> b. (Middle) _____ c. (Last) <u>ECKHOFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 23 1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 7 1875</u>	9. AGE (In years last birthday) <u>77</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>EMMA MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>August Tieman</u>		13b. MOTHER'S MAIDEN NAME <u>MALINDA DETTING</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY ECKHOFF DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PAUL ECKHOFF</u> ADDRESS <u>CONCORDIA, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic valvular heart disease with terminal anemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			
		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"/>	
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) <u>CONCORDIA MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4214</u>	

22. I hereby certify that I attended the deceased from June 1948 to Jan 23, 1953, that I last saw the deceased alive on Jan 23, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Brady, M.D.</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Concordia, Mo.</u>		23c. DATE SIGNED <u>1/24/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>	

DATE REC'D BY LOCAL REG. <u>Jan 26-1953</u>		REGISTRAR'S SIGNATURE <u>Wayne H. Lawrence</u> <u>156-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> ADDRESS <u>Concordia, Mo.</u>	
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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 Jm

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.