

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2265**

FILED JAN 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **221** PRIMARY REG. DIST. NO. **5793** Registrar's No. **3**

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

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURY!</b> b. COUNTY <b>MONITEAU</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>(RURAL) LINN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>(RURAL) LINN 0180</b>	
c. LENGTH OF STAY (in this place) <b>70 yr</b>		d. STREET ADDRESS (If rural, give location) <b>NEAR WOODBRIDGE Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WOODBRIDGE MO.</b>			

3. NAME OF DECEASED (Type or Print) <b>EMIL FREDRICK EICKHORST</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>JAN 21-1953</b>
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5. SEX <b>U</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN 10 - 1868</b>	9. AGE (In years last birthday) <b>85</b>	10. MONTHS <b>-</b>	11. DAYS <b>-</b>	12. HOURS <b>-</b>	13. MIN. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DWV FARM</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>GERMANY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>August Eickhorst</b>	13b. MOTHER'S MAIDEN NAME <b>WILHEMINE EICKHORST</b>	14. NAME OF HUSBAND OR WIFE <b>DEAD ELIZABETH EICKHORST</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H.A. Eickhorst Woodbridge Mo.</b>	18. ADDRESS <b>480X</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atypical Bronchial Pneumonia</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Influenza</b>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility Arterio-sclerosis</b>			

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 **1/20** 19**53**, to **1/21** 19**53**, that I last saw the deceased alive on **1/20** 19**53**, and that death occurred at **11:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M.L. DeGraeger M.D.</b>	(Degree or title)	23b. ADDRESS <b>Boonville Mo</b>	23c. DATE SIGNED <b>1/21/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN 23 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PLEASANT Grove LUTHERAN BAPTIST HOME Mo</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Jan 26-1953</b>	REGISTRAR'S SIGNATURE <b>Godam Snow 199</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Hornbeck</b>	ADDRESS <b>Bairrie Home Mo.</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 *By Albert Hornbeck*.....

Licensed Embalmer No. *2714*.....

P. O. Address *Prarie Home 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.