

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32574

State File No.

FILED OCT 5 1953

BIRTH NO.		REG. DIST. NO. <u>274</u>	PRIMARY REG. DIST. NO. <u>3052</u>	Registrar's No. <u>300</u>
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1008 E 15 St</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u>		
		d. STREET ADDRESS (If rural, give location) <u>0080</u> <u>1</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LYDIA</u>	b. (Middle) <u>SOPHIA</u>	c. (Last) <u>ECKHOFF</u>
4. DATE OF DEATH		(Month) (Day) (Year) <u>Oct 2, 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>Dec 12, 1883</u>	9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>IOWA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Richter</u>		13b. MOTHER'S MAIDEN NAME <u>Maries Hesse</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Eckhoff</u>
				ADDRESS <u>Lincoln Rt 1</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric adenocarcinoma</u>		<u>6 months</u>
		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)
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
22. I hereby certify that I attended the deceased from <u>7-11, 1952</u> , to <u>10-2, 1953</u> , that I last saw the deceased alive on <u>10-2, 1953</u> , and that death occurred at <u>10:20 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>A. Crocha</u>		(Degree or title) <u>D.D.</u>		23b. ADDRESS <u>Sedalia Mo.</u>
				23c. DATE SIGNED <u>10-3-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>N. Lutheran Cemetery</u>
				24d. LOCATION (City, town, or county) (State) <u>Rural Lincoln Benton Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>10/3/1953</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Riser</u>
				ADDRESS <u>Lincoln, Mo</u>

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

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 *John F. Riser*.....

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*.....

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.