

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHD? *White* **1960**
State File No.

FILED JAN 11 1954

| | | | | | | | | |
|---|--|--|---|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>184</u> | | PRIMARY REG. DIST. NO. <u>3038</u> | | Registrar's No. <u>954</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u> | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> | | c. LENGTH OF STAY (In this place) <u>34 yrs</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> | | d. STREET ADDRESS (If rural, give location) <u>518 West Ave</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) <u>518 West Ave</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NETTIE</u> b. (Middle) <u>SARAH</u> c. (Last) <u>EICHER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-5-1954</u> | | | | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>W</u> | | 8. DATE OF BIRTH <u>June-14-1874</u> | | |
| 9. AGE (In years last birthday) <u>79</u> | | 10. MONTHS <u>6</u> | | 11. DAYS <u>31</u> | | 12. IF UNDER 1 YEAR IF UNDER 12 HRS. Hours Mins. | | |
| 10a. USUAL OCCUPATION (Give kind of work doing most of working life, if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Longanoxie Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Malon Zeigler</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Julia Hudson</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Lewis Eicher</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ma Burgess</u> ADDRESS <u>Brookfield Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse</u> | | DUPLICATE OF (a) <u>Coronary Thrombosis</u> | | | | | <u>7 min.</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | 23 hours. | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | DUE TO (b) <u>Arterio-sclerotic heart disease</u> 25 yrs. | |
| | | 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>Brookfield 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? _____ | | | | |
| 22. I hereby certify that I attended the deceased from <u>July 1, 1952, to Jan. 5, 1954</u> , that I last saw the deceased alive on <u>Jan. 5, 1954</u> , and that death occurred at <u>3:10 A.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>John W. White</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Brookfield, Mo.</u> | | 23c. DATE SIGNED <u>Jan. 5, 1954</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u> | | 24b. DATE <u>Jan. 7-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u> | | |
| DATE RECD BY LOCAL REG. <u>1-6-54</u> | | REGISTRAR'S SIGNATURE <u>Nadine Lambach</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Blacklock</u> | | ADDRESS <u>Brookfield Mo</u> | | |

(Licensed Embalmers' Statement on Reverse Side)

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

0582
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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. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.