

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30229**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **147**

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.	
c. LENGTH OF STAY (in this place) 10 das.		d. STREET ADDRESS (If rural, give location) 1300 E. 3rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.			

3. NAME OF DECEASED (Type or Print)	a. (First) Victoria	b. (Middle) Julia	c. (Last) Eckelkamp.	4. DATE OF DEATH (Month) (Day) (Year) Sept. 22nd, 1954.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1st, 1920.	9. AGE (In years last birthday) 34	10. MONTH 0	11. DAY 21	12. HOURS 0	13. MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk.		10b. KIND OF BUSINESS OR INDUSTRY Dyeing & Cleaning		11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Henry Hoerstkamp.	13b. MOTHER'S MAIDEN NAME Regina Kluba.	14. NAME OF HUSBAND (Specify) Norbert Eckelkamp.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) None.	16. SOCIAL SECURITY NO. 497-05-7761	17. INFORMANT'S SIGNATURE OR NAME Norbert G. Eckelkamp	ADDRESS Washington, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Peritonitis		DUE TO (b) Obstruction, gangrene & perforation of bowel
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5702			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION Gangrene separate flexor colon with perforation	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) _____
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 **9-13** 19**54**, to **9-21** 19**54**, that I last saw the deceased alive on **9-21** 19**54**, and that death occurred at **8:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE L. M. M...	(Degree or title) _____	23b. ADDRESS 705 E. Washington Mo.	23c. DATE SIGNED 9-22-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 25, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. 9/23/54	REGISTRAR'S SIGNATURE L. H. ...	25. FUNERAL DIRECTOR'S SIGNATURE Nielburg & Vitt, Inc.	ADDRESS Washington, Mo.
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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

Jerome F. Suroboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.