

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4454

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5442</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>GASCONADE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-RICHLAND TWP</u>		c. LENGTH OF STAY (in this place) <u>8 MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0370 RURAL RICHLAND TWP 0</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 MILE E of PERSHING</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 MI. S.W. of HERMANN</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EIKERMANN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 21-1955</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 19-1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>✓</u> Min. <u>✓</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR BAY MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>HERMAN EIKERMANN</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTA DEPPC</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE EIKERMANN</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 AND ADDRESS <u>HERMAN EIKERMANN HERMANN MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</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 <u>4200</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>JAN 2, 1955</u> , to <u>FEB 21, 1955</u> , that I last saw the deceased alive on <u>FEB 20, 1955</u> , and that death occurred at <u>9 P M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard Northman</u>			23b. ADDRESS <u>HERMANN MO.</u>		23c. DATE SIGNED <u>2-23-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-24-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ZION'S CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PERSHING MO</u>			
DATE REC'D BY LOCAL REG. <u>2-24-55</u>	REGISTRAR'S SIGNATURE <u>Delma Berken</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo St. Olivier</u>		ADDRESS <u>HERMANN MO</u>		

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

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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 _____

Licensed Embalmer No. 3160

P. O. Address. Hermann 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.