

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11483

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</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 township) OR TOWN <u>WASHINGTON</u>		c. LENGTH OF STAY (If this place) <u>2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Richland TWP</u>		0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi. West of Pershing</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>WALTER</u> c. (Last) <u>EIKERMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-10-1955</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MARCH-26-1910</u>	9. AGE (In years: last birthday) <u>45</u>	10. UNDER 1 YEAR <input checked="" type="checkbox"/>	11. UNDER 1 YEAR Days <u>2</u>	12. UNDER 1 YRS. Hours <u>1</u> Mins. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pershing MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>FRED EIKERMANN</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE LEIMKUEHLER</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>			
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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>BEN EIKERMANN</u> ADDRESS <u>Pershing 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, asthma, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTRACRANIAL HEMORRHAGE</u></p> <p>ANTECEDENT CAUSES <u>MULTIPLE SKULL FRACTURES</u></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>OSAGE, MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 9 55 11:30 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>AUTO ACCIDENT</u> 076					
22. I hereby certify that I attended the deceased from <u>4-9</u> , 19 <u>55</u> , to <u>4-10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-10</u> , 19 <u>55</u> , and that death occurred at <u>4:10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u>				23b. ADDRESS <u>HERMANN MO</u>		23c. DATE SIGNED <u>4-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion's Eir Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pershing MO</u>				
DATE REC'D BY LOCAL REG. <u>4/11/55</u>	REGISTRAR'S SIGNATURE <u>L.P. Steinhilber</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo St. Germain</u> ADDRESS <u>Hermann MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.