

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 677
Registrar's No. 6

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. 17 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>3 Days</u>	c. CITY OR TOWN <u>Jefferson City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		No. STREET ADDRESS (If rural, give location) <u>211 W Cedar Str.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>ANTHONY</u> c. (Last) <u>ECKHOFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2, 1957</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>June 4, 1903</u>
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>28</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prison Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frederick Eckhoff</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Sophia Backers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leo A. Eckhoff</u>		ADDRESS <u>J C 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1-2 mo</u> <u>several yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema Arteriosclerosis</u>		19a. DATE OF OPERATION _____		
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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>4221</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 March 11, 1952 to 1-2, 1957, that I last saw the deceased alive on 1-2, 1957, and that death occurred at 11:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>William A. Cox M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>1-4-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/5/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>

DATE REC'D BY LOCAL REG. <u>5 January 1957</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>	ADDRESS <u>J C Mo.</u>
--	--	---	------------------------

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

DEC 30 1957

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.....
Signature of Student Embalmer

Signed.....
Lyburster Dulle

Licensed Embalmer No. 432

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.