

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
5647

Registration District No. 261 Primary Registration District No. 3048 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway				
b. CITY (If outside corporate limits, give TOWNSHIP only) Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Clyde		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		Length of stay in lb 3 months		d. STREET (If outside, give location) ADDRESS Benedictine Convent		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Severin Benedict EICHENHOFER				4. DATE OF DEATH Month Day Year Feb., 10, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 23, 1880		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Benedictine Oblate		10b. KIND OF BUSINESS OR INDUSTRY Religion		11. BIRTHPLACE (City and state or country) Beuren A/D Aach Baden, Germany		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Sebastian Eichenhofer				14. MOTHER'S MAIDEN NAME Mary Bader				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 188-36-3155		17. INFORMANT Address Clyde, Mo. Benedictine Convent of Perpetual Adoration				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma Rt Lung</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					20f. CITY, TOWN, OR LOCATION COUNTY STATE
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20g. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from <i>11-28-1956</i> to <i>2/10/1957</i> and last saw her alive on <i>2-10-1957</i> Death occurred at <i>7:15</i> am <i>a</i> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>John J. Johnson</i> (Degree or title)				22b. ADDRESS <i>Marionville, Mo</i>		22c. DATE SIGNED <i>2/18/57</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 13, 1957	23c. NAME OF CEMETERY OR CREMATORY St. Columba Cemetery		23d. LOCATION (City, town, or county) (State) Conception, Mo.			
24. FUNERAL DIRECTOR Johnson Funeral Home, Conception Jct. Mo.				25. DATE RECD. BY LOCAL REG. <i>2-28-57</i>		26. REGISTRAR'S SIGNATURE <i>Bess Bold</i>		

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Director, coroner, etc.-most use only black ink. Diseases in Part I must be causally related. Coroner not certify to a death due to natural causes.

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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.....
Signature of Student Embalmer

Signed *Ross E. Johnson*
Licensed Embalmer No. 194

P. O. Address Stanberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.