

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 24 1957

State File No. **18622**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4410**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY 8150	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN OSAWATOMIE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MO. PAC. EMP. HOSP. ASSN.		STREET ADDRESS (If rural, give location) 33 1016 WEST PACIFIC	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) RAYMOND c. (Last) EICHORN		4. DATE OF DEATH (Month) (Day) (Year) MAY 8 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 21, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOCOMOTIVE ENG.		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
11a. FATHER'S NAME Charles Eichorn		11b. MOTHER'S MAIDEN NAME unknown	11. BIRTHPLACE (City and State or Foreign Country) Kansas
12a. FATHER'S NAME Charles Eichorn		14. NAME OF HUSBAND OR WIFE Ora Eichorn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jay Eichorn, Ostawomie, Kansas
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Hypertension, Cerebral Vascular disease (Renal) 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 443x	20. AUTOPSY? 2 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)	
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 April 22, 1957 , to MAY 8, 1957 , that I last saw the deceased alive on MAY 8, 1957 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) Med. O.		23b. ADDRESS Mo Pac Hosp	23c. DATE SIGNED 5-8-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-8-57	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Oswatomie, Kansas
DATE REC'D BY LOCAL REG. MAY 8 '57		REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Birchard, Oswatomie, Kansas

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 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..... *Homer W. Duit*

Licensed Embalmer No. *388*

P. O. Address *St. Louis*

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.