

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021351

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 73

300  
1-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Marshall</u> <sup>0970</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>R. F. D.</u>	
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>H.</u> Last <u>Eikerman</u>			4. DATE OF DEATH Month <u>June</u> Day <u>27</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 18 1905</u>	9. AGE (In years last birthday) <u>52</u>	10. FUNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and state or country) <u>Hardeman, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Herman Eikerman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brown.</u>		14. NAME OF HUSBAND OR WIFE <u>Loretta Eikerman.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>??</u>		16. SOCIAL SECURITY NO. <u>497-26-1153</u>	17. INFORMANT Address <u>Mrs. Harry H. Eikerman, Marshall, Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DEATH DUE TO SUICIDE BY HANGING</u>					INTERVAL BETWEEN ONSET AND DEATH <u>INSTANTANEOUS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<u>974X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Hanging</u>			
20c. TIME OF INJURY <u>2:30</u> a.m. <u>6/27/58</u> p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>JUNE 20, 1958</u> to <u>JUNE 27, 1958</u> and last saw <input checked="" type="checkbox"/> him alive on <u>JUNE 27, 1958</u> Death occurred at <u>2:30</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>L. V. Hall, M.D.</u>			22b. ADDRESS <u>329 Main St., Booneville, Mo</u>		22c. DATE SIGNED <u>6/27/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 30, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock</u>		23d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Missouri.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Campbell Lewis Und. Co.</u> <u>Marshall, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6/27/1958</u>	26. REGISTRAR'S SIGNATURE <u>D. Hooper</u>		

JUL 8 1958

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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 *Wm Wood* .....

Licensed Embalmer No. 4539.....  
P. O. Address Boonville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.