

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036172
STATE FILE NUMBER

FILED NOV 12 1958		Registration District No. 137		Primary Registration District No. 4218		Registrar's No. 919	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Conv. Home		Length of stay in lb 27 mo		STREET ADDRESS (If outside, give location) 303 E. Benton St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mathilda Josephine Eickhoff				4. DATE OF DEATH Month Day Year October 30, 1958			
5. SEX Fe.		6. COLOR OR RACE W.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-13-1889	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) Cole Camp Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Christopher Frederick		13b. MOTHER'S MAIDEN NAME Martha Henson		14. NAME OF HUSBAND OR WIFE Wm. J. Eickhoff			
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.		17. INFORMANT Address Mrs. Denver Miller Kirkwood, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) with Cardiac Failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200						INTERVAL BETWEEN ONSET AND DEATH 5-6 days 2-3 yrs.	
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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Oct. 27-58 to Oct. 31-58 and last saw her alive on Oct 31-58 Death occurred at 7:10 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M. Thurber, M.D. (Degree or title)				22b. ADDRESS Windsor, Mo.		22c. DATE SIGNED 11-2-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-1-1958		23c. NAME OF CEMETERY OR CREMATORY Memoria Cemetery		23d. LOCATION (City, town, or county) (State) Cole Camp, Mo.	
24. FUNERAL DIRECTOR Ellis Hustor		ADDRESS Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 11-5-58		26. REGISTRAR'S SIGNATURE Mildred Bigum	

NOV 13 1956

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 *Clifford Gouge*

Licensed Embalmer No. *5014*

P. O. Address *Windsor, 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.