

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038532

STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 1165

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY Marshall OR TOWN Marshall	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp.		d. STREET ADDRESS 326 E Porter	
Length of stay in 1b 1 hour		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First FRED Middle WILLIAM Last EIKERMAN			4. DATE OF DEATH Month Oct. Day 16 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 24, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY builder	11. BIRTHPLACE (City and state or country) Osage, Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Herman Eikerman			14. MOTHER'S MAIDEN NAME Yetty (last name unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 1		16. SOCIAL SECURITY NO. 495-01-1136	17. INFORMANT Address Mrs. Ralph Trent Bethel Kansas		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction.		INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Occlusion	30 min
	DUE TO (c) 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <input type="checkbox"/> a. m. <input type="checkbox"/> 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 Oct 16, 1958 and last saw ^{her} alive on Oct 16, 1958 Death occurred at 6:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) B. F. Kupsch MD	22b. ADDRESS Marshall Mo	22c. DATE SIGNED 10-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-19-1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Garden	23d. LOCATION (City, town, or county) (State) Marshall, Missouri
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24. FUNERAL DIRECTOR Sullivan-River	ADDRESS Marshall Mo	25. DATE RECD. BY LOCAL REG. 10-18-58	26. REGISTRAR'S SIGNATURE Cecil A. Read
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(Licensed Embalmer's Statement on Reverse Side)

alth, Welfare Public Service

300 -56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

DEC 19 1958

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 *Jack W. Reese*.....

Licensed Embalmer No. *4*.....

P. O. Address *Marsh*.....

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.