

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006533

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 251 Primary Registration District No. Registrar's No. 60

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>NODAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NODAWAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>STANBERRY</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>STANBERRY</b> 0740 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD 3 Twp.</b>		Length of stay in lb <b>LIFE</b>	d. STREET ADDRESS (If outside, give location) <b>RFD 3 Jefferson</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LEO</b> Middle <b>MICHAEL</b> Last <b>EICKHOLT</b>			4. DATE OF DEATH Month <b>FEB</b> Day <b>27</b> Year <b>1959</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHT</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-16-1895</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>CONCEPTION, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>CARL EICKHOLT</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA ZIMMERMAN</b>	14. NAME OF HUSBAND OR WIFE <b>MARGARET M. EICKHOLT</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-40-5243</b>	17. INFORMANT <b>Mrs. MARGARET M. EICKHOLT</b> Address <b>STANBERRY, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary artery disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
DUE TO (b) <b>arteriosclerosis</b>		
DUE TO (c) <b>unknown</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> C

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.) <b>4261</b>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <b>3-2-59</b> to <b>2-27-59</b> and last saw her alive on <b>2-27-59</b> Death occurred at <b>11:30 P.M. 2-27-59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Clayton L. Carlin M.D.</b> (Degree or title)	22b. ADDRESS <b>Stanberry, Mo</b>	22c. DATE SIGNED <b>3-2-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-2-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. COLUMBA</b>	23d. LOCATION (City, town, or county) (State) <b>CONCEPTION, MO.</b>
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24. FUNERAL DIRECTOR <b>JOHNSON FUNERAL HOME</b>	ADDRESS <b>CONCEPTION, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-2-59</b>	26. REGISTRAR'S SIGNATURE <b>Bess Holt</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. 4948

P. O. Address Stanberry

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.