

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016725

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 38 Primary Registration District No. 2006 Registrar's No. 255

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Boone</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Columbia</b>                 |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>NAPTON</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                              |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone County Hosp</b> |  | Length of stay in lb <b>3 days</b>  | d. STREET ADDRESS (If outside, give location)<br><b>—</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Mary</b> Middle <b>P.</b> Last <b>Eikerman</b>                         |                                  |  | 4. DATE OF DEATH<br>Month <b>JUNE</b> Day <b>4</b> Year <b>1959</b> |  |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-21-1886</b>                                |  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>         |                                  | 9b. KIND OF BUSINESS OR INDUSTRY<br><b>—</b>   | 9c. AGE (In years last birthday)<br><b>73</b>                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>        |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>—</b>  | 10c. AGE (In years last birthday)<br><b>73</b>                      |  |
| 11. BIRTHPLACE (City and state or country)<br><b>SALINE Co., Mo.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |   |  |
| 13. FATHER'S NAME<br><b>B.B. BROWN</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>SUSAN STICE</b>   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>—</b>  |   | 17. INFORMANT<br><b>EMMA GOATS (SISTER)</b><br>Address <b>127 SEXTON RD COLUMBIA, MO</b> |

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|--|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction, acute</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Arteriosclerosis Heart Disease</b> | <b>7 years</b>   |
|  | DUE TO (c) <b>—</b>                              |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><b>Diabetes mellitus, mild</b>   |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|---|---|
| 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.)<br><b>4200</b> |   |
| 20c. TIME OF INJURY<br>Hour <b>—</b> Month, Day, Year <b>—</b>  |   |   |
| 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.)<br><b>—</b>       | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><b>—</b> |

21. I attended the deceased from **June 1, 1959** to **June 4, 1959** and last saw **Her** alive on **June 4, 1959**  
Death occurred at **10:00 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

|  |  |   |
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| 22a. SIGNATURE (Degree or title)<br><b>John C. Finley M.D.</b> | 22b. ADDRESS<br><b>16 So Tenth St. Columbia Mo</b> | 22c. DATE SIGNED<br><b>June 5, 1959</b> |
|--|--|---|

|  |                              |  |  |
|--|------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>6-7-1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>ARROW ROCK CEM.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>ARROW ROCK, MO</b> |
|--|------------------------------|--|--|

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|---|--|---|
| 24. FUNERAL DIRECTOR<br><b>Parke Funeral Service Columbia</b> | 25. DATE RECD. BY LOCAL REG.<br><b>June 5 1959</b> | 26. REGISTRAR'S SIGNATURE<br><b>Mrs R.E. Palmer</b> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Cancer  
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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *George A. Kerby*.....

Licensed Embalmer No. *47*

P. O. Address *Colum*

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.