

FEDERAL BUREAU OF INVESTIGATION FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 5 8 9

FILED VS. DEC 29 1959 360

Registration District No. _____ Primary Registration District No. 33076 Registrar's No. 245

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Vernon											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		Length of stay in 1b 47 yrs.		c. CITY OR TOWN Nevada, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1030 West Cherry Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Leo Middle Elsworth Last Eichholtz				4. DATE OF DEATH Month December Day 17 Year 1959											
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 10-9-1885		9. AGE (last birthday) 74							
IF UNDER 1 YEAR Months 2 Days 2		IF UNDER 24 HR Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant				10b. KIND OF BUSINESS OR INDUSTRY Retired							
11. BIRTHPLACE (City and state or country) Garden City, Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.											
13a. FATHER'S NAME Emanuel Eichholtz			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Trix Eichholtz									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 493-38-7957		17. INFORMANT 1030 W-Cherry St. Mrs. Trix Eichholtz, Wife, Nevada, Mo.										
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">IMMEDIATE CAUSE (a)</td> <td style="border: none;"><u>Coronary thrombosis</u></td> <td style="width: 20%; border: none;">INTERVAL BETWEEN ONSET AND DEATH</td> <td style="border: none;"><u>7 hours</u></td> </tr> <tr> <td style="border: none;">Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</td> <td style="border: none;">DUE TO (b) <u>Coronary arteriosclerosis</u></td> <td style="border: none;">DUE TO (c) _____</td> <td style="border: none;"><u>Unknown</u></td> </tr> </table> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								IMMEDIATE CAUSE (a)	<u>Coronary thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH	<u>7 hours</u>	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary arteriosclerosis</u>	DUE TO (c) _____	<u>Unknown</u>
IMMEDIATE CAUSE (a)	<u>Coronary thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH	<u>7 hours</u>												
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary arteriosclerosis</u>	DUE TO (c) _____	<u>Unknown</u>												
19. WAS AUTOPSY PERFORMED? 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 _____ a.m. _____ p.m.		Month, Day, Year		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>December 17, 1959</u> to <u>December 17, 1959</u> last saw him alive on <u>December 17, 1959</u> Death occurred at <u>Nevada Hospital</u> 7 A. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>[Signature]</i> (Type name in title)				22b. ADDRESS Moore Building, Nevada, Mo.		22c. DATE SIGNED 12-18-59									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-19-1959		23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) Nevada, Missouri									
24. FUNERAL DIRECTOR Hays Funeral Service, Inc. ADDRESS Nevada, Missouri				25. DATE RECD. BY LOCAL REG. Dec 21-1959		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard L. Lippin

Licensed Embalmer No. 5052
P. O. Address H. Scott

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.