

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1960

=60-000940

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 6hrs		c. CITY OR TOWN Hermann		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 17th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last ALIDA CATHARINA ELDRINGHOFF				4. DATE OF DEATH Month Day Year January 24 1960									
5. SEX Female		6. COLOR OR RACE Cau		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/10/1888		9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (City and state or country) Rhineland, Mo			12. CITIZEN OF WHAT COUNTRY US					
13a. FATHER'S NAME Bernard Buecker			13b. MOTHER'S MAIDEN NAME Gertrude Korman			14. NAME OF HUSBAND OR WIFE Fredrick Eldringhoff							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 496-40-866B		17. INFORMANT Address Fredrick Eldringhoff, Hermann, Mo								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Myocardial infarction										6 days			
DUE TO (b) Coronary occlusion										6 days			
DUE TO (c) Arteriosclerotic Heart Disease										10 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus; bronchopneumonia rt. lower lobe										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hermann			COUNTY Missouri		STATE Mo		
21. I attended the deceased from 1-8-57 to 1-24-60 and last saw her ^{her} alive on 1-23-60 Death occurred at 4:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Cavel T. Shaw M.D.						22b. ADDRESS Hermann, Missouri				22c. DATE SIGNED 1-25-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/27/60		23c. NAME OF CEMETERY OR CREMATORY St. George Cemetery			23d. LOCATION (City, town, or county) (State) Hermann Mo						
24. FUNERAL DIRECTOR ADDRESS Hugo H. Blumer Hermann Mo				25. DATE RECD. BY LOCAL REG. 1/26/60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

DOCUMENT

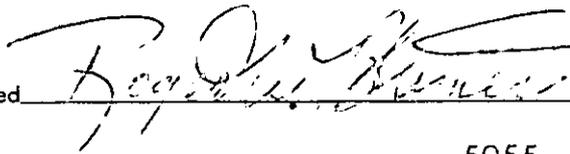
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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  _____

Licensed Embalmer No. 5055

P. O. Address Hermann, 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.