

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014160

FILED VS MAY 2 1960

31

Registration District No. 31 Primary Registration District No. 5108

Registrar's No. 8

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Benton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Benton</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Williams</b>		Length of stay in 1b <b>0</b>		c. CITY OR TOWN <b>Cole Camp</b>		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>4 miles west Cole Camp</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4 miles west</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ernest</b> Middle <b>August</b> Last <b>Eckhoff</b>				4. DATE OF DEATH Month <b>April</b> Day <b>21</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <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 <b>3-26-1900</b>	9. AGE (last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Sta. Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Service Station</b>		11. BIRTHPLACE (City and state or country) <b>Ionia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>United States</b>		
13a. FATHER'S NAME <b>F. William Eckhoff</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Tubesing</b>		14. NAME OF HUSBAND OR WIFE <b>MABLE S. ECKHOFF</b>			
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>491-36-7532</b>		17. INFORMANT <b>Carl G. Eckhoff</b> Address <b>Sweet Springs, Mo</b>				
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>ACUTE CIRCULATORY FAILURE</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 MIN.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>CORONARY THROMBOSIS - MYOCARDIAL INFARCTION, 5 MIN</b>				DUE TO (c) <b>ARTERIOSCLEROSIS</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 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 <b>6:00 AM</b> 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 <b>DEAD ON ARRIVAL</b> and last saw her/him alive on <b>D. O. A.</b> Death occurred at <b>6:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (In free or title) <i>Ernest Eckhoff</i>			22b. ADDRESS <b>WARSAW, MO.</b>			22c. DATE SIGNED <b>4-23-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-24-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. John's</b>		23d. LOCATION (City, town, or county) <b>Benton County Mo.</b>		(State)		
24. FUNERAL DIRECTOR <b>E. L. Eickhoff Cole Camp, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>4-26-1960</b>		26. REGISTRAR'S SIGNATURE <i>E. L. Eickhoff</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 Charles J. Sax

Licensed Embalmer No. 4610

P. O. Address Cole Camp,

**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.