

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026588

FILED VS JUL 25 1960

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 121

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Grundy</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		Length of stay in 1b		c. CITY OR TOWN <u>Trenton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Memorial Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1706 Moberly</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM HENRY EICHER</u>				4. DATE OF DEATH Month Day Year <u>July 16, 1960</u>							
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/5/1898</u>	9. AGE (last birthday) <u>62/1/11</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pub. Serv. Co.</u>		11. BIRTHPLACE (City and state or country) <u>California, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Rudolph Eicher</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Mensch</u>			14. NAME OF HUSBAND OR WIFE <u>Dorothy Eicher</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>491-07-4246</u>		17. INFORMANT Address <u>Mrs Dorothy Eicher, Trenton, Mo.</u>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Failure</u> DUE TO (b) <u>fractures of 4-5-6-7-8 Ribs Left</u> DUE TO (c) <u>due to fall 6-4-1960</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. <u>6 weeks</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>				
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 checked="" 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.) <u>fell while repairing light line June 4th at Spickard Mo 1960</u>								
20c. TIME OF INJURY Hour <u>11</u> Month, Day, Year <u>June 4th 1960</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK () NOT WHILE AT WORK ()		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Spickard Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Spickard Mo</u>		COUNTY <u>Grundy</u> STATE <u>Mo.</u>			
21. I attended the deceased from <u>June 4th 1960</u> to <u>July 16th</u> and last saw her/him <u>July 16th 1960</u> Death occurred at <u>5:40 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <u>Oliver F. Duggins</u> (Degree or title)				22b. ADDRESS <u>Trenton Mo</u>		22c. DATE SIGNED <u>July 16th 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>July 19, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>		23d. LOCATION (City, town, or county) <u>Trenton, Missouri</u>			23e. (Print name)			
24. FUNERAL DIRECTOR <u>Gipson Funr. Hm., Trenton, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-21-60</u>		26. REGISTRAR'S SIGNATURE <u>Gene Jaw</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1960

MAR 22 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~of~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hal J. [Signature]

Licensed Embalmer No. 340

P. O. Address Trenton

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.