

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027470
STATE FILE NUMBER

FILED VS AUG 3 1960 172

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CONCORDIA</u>		Length of stay in 1b <u>50 YRS</u>		c. CITY OR TOWN <u>CONCORDIA</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>502 WEST STREET</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>502 WEST STREET</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>HENRY</u> Last <u>ECKHOFF</u>				4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>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>SEPT 16, 1903</u>		9. AGE (last birthday) <u>56</u>		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) <u>PARTS MAN GARAGE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>AUTOMOBILE</u>		11. BIRTHPLACE (City and state or country) <u>EMMA, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>					
13a. FATHER'S NAME <u>HENRY ECKHOFF</u>				13b. MOTHER'S MAIDEN NAME <u>MAGDALINA TIEMAN</u>				14. NAME OF HUSBAND OR WIFE <u>ELSIE ECKHOFF</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>486-09-4837</u>		17. INFORMANT Address <u>MRS ELSIE B. ECKHOFF CONCORDIA 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>Myocardial infarction</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Immediately</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u>										Interval between onset and death <u>Several years</u>			
DUE TO (c) _____													
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 _____ 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>July 12, 1948</u> to <u>July 28, 1960</u> and last saw him alive on <u>July 26, 1960</u> Death occurred at <u>709 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>						22b. ADDRESS <u>Concordia, Mo</u>			22c. DATE SIGNED <u>7/29/60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/30/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>			23d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO.</u>						
24. FUNERAL DIRECTOR <u>E. S. James</u> ADDRESS <u>Concordia, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Aug 1, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 1960

NOV 22 1960

MAR 6 1963

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 Mr _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James
Licensed Embalmer No. 2058
P. O. Address Concordia

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.