URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039228

STATE FILE NUMBER

FILED VS NOV 15 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 376

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bothwell Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Benton
c. CITY OR TOWN: Cole Camp
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): - -- ---
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Claus Middle: William Last: Eckhoff
4. DATE OF DEATH: Month: Nov Day: 4th Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-23-1895
9. AGE (last birthday): 64 Yrs
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Poultry
11. BIRTHPLACE (City and state or country): Meade Kansas
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Henry W Eckhoff
13b. MOTHER'S MAIDEN NAME: Anna Berger
14. NAME OF HUSBAND OR WIFE: Lona Eckhoff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W 1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lona Eckhoff Address: Cole Camp Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11/3/60 to 11/4/60 and last saw ~~her~~ him alive on 11/4/60
Death occurred at 3:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): Thomas J. Hopkins, M.D.
22b. ADDRESS: Sedalia Mo
22c. DATE SIGNED: 11/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-7-1960
23c. NAME OF CEMETERY OR CREMATORY: Cole Camp Cemetery
23d. LOCATION (City, town, or county) (State): Cole Camp Mo

24. FUNERAL DIRECTOR: E L Eickhoff ADDRESS: Cole Camp Mo
25. DATE RECD. BY LOCAL REG.: 11-8-1960
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1950

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 730

P. O. Address Cole Camp

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