

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008246

FILED VS MAR 13 1961

Registration District No. 115-116 Primary Registration District No. 3070 Registrar's No. 59

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Length of stay in 1b	c. CITY OR TOWN <u>Washington</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1130 Easter</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jerome Ronald Eckelkamp</u>		4. DATE OF DEATH Month Day Year <u>March 4 1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/17/1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electric Contractor</u>	11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>
13. FATHER'S NAME <u>Raymond B. Eckelkamp</u>		14. NAME OF HUSBAND OR WIFE <u>Marie C. Yenzler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes 8/19/57 to 8/18/60</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>P. B. Eckelkamp</u>		Address <u>Washington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Removal of lung and</u> DUE TO (b) <u>line with pneumonia</u> DUE TO (c) <u>and rupture of aorta</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>no rage</u>		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>Subject was driving automobile</u>	
20c. TIME OF INJURY Hour <u>5:45</u> p.m. Month, Day, Year <u>3/4/61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1/2 mile north Krakow</u>		20f. CITY, TOWN, OR LOCATION <u>Franklin</u>	STATE <u>Mo</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>9:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P. B. Eckelkamp</u>		22b. ADDRESS <u>Franklin Mo</u>	22c. DATE SIGNED <u>3/5/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Mar 7, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>
24. FUNERAL DIRECTOR <u>Nieburg Wittbe, Washington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3/6/61</u>	26. REGISTRAR'S SIGNATURE <u>For the Registrar P. B. Eckelkamp</u>

MAR 14 1961

APR 7 1961

MAR 23 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Md

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.