MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER -62-009836

Registration District No. 31 Primary Registration District No. 5108 Registrar's No. 9

FILED MAR 21 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0080
2 0080
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4 1
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12 91-2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: BENTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Williams — Length of stay in 1b: MIN.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: U.S. Hwy. 65 6 mi. N. Cole Camp ENROUTE TO 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): Cole CAMP — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LONA Middle: Last: ECKHOFF
4. DATE OF DEATH: Month: MARCH Day: 7 Year: 1962
5. SEX: FEMALE
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-20-1895
9. AGE (last birthday): 66 — 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): House WIFE
10b. KIND OF BUSINESS OR INDUSTRY: House keeping
11. BIRTHPLACE (City and state or country): Cole CAMP, MO.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: HENRY FRANKE
13b. MOTHER'S MAIDEN NAME: HARRIETE BONE
14. NAME OF HUSBAND OR WIFE: CLAUS W. ECKHOFF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: FOREST C. ECKHOFF — Address: 6019 W. 75TH TERRACE PRAIRIE VILLAGE, KANS.

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: [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary occlusion — [illegible]
DUE TO (c): Coronary Arteriosclerosis — 2 yrs.
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 3-7-62 to 3-7-62 and last saw her alive on 3-7-62
Death occurred at 8:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.
22b. ADDRESS: Cole Camp Clinic Cole Camp, Mo
22c. DATE SIGNED: 3-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3-10-1962
23c. NAME OF CEMETERY OR CREMATORY: COLE CAMP CEMETERY
23d. LOCATION (City, town, or county): Cole CAMP, (State): MO

24. FUNERAL DIRECTOR: CHARLES F. FOX — ADDRESS: Cole CAMP, MO
25. DATE RECD. BY LOCAL REG.: MAR 9 1962
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1962

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 Charles E. Fox

Licensed Embalmer No. 4610

P. O. Address Cole Camp, Mo.

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.