

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025838

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 248

FILED AUG 13 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Mo		Length of stay in lb 4 Mo	c. CITY OR TOWN Lancaster Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stickler Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lancaster Mo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Henry Middle Eickmeier Last Eickmeier		4. DATE OF DEATH Month Aug Day 4 Year 1962	
5. SEX male	6. COLOR OR RACE w	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 22 1877
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months 3 Days 12	IF UNDER 24 HR Hours 12 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trader		10b. KIND OF BUSINESS OR INDUSTRY Horse Trader	11. BIRTHPLACE (City and state or country) Schuyler
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Henry Eickmeier	
13b. MOTHER'S MAIDEN NAME Margaret Kethe		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Minnie Lamb Address Lancaster Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Serility DUE TO (c) Rheumatoid Arthritis			INTERVAL BETWEEN ONSET AND DEATH 3 yrs 5 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. <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 5:10 pm Month, Day, Year Apr 1-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Kirksville, Missouri		20f. COUNTY Mo STATE	
21. I attended the deceased from Apr 1-62 to 8-4-62 and last saw him alive on 8-4-62 Death occurred at 5:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. Stickler MD		22b. ADDRESS Kirksville, Missouri	22c. DATE SIGNED 8/7/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 6	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F	23d. LOCATION (City, town, or county) (State) Lancaster Mo
24. FUNERAL DIRECTOR Normans ADDRESS Lancaster Mo		25. DATE RECD. BY LOCAL REG. Aug 7, 1962	26. REGISTRAR'S SIGNATURE Dora W. Ratliff

No permit issued

R. D. STICKLER, M.D.

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

Naval Foster

Licensed Embalmer No.

4742

P. O. Address

Fukuda, 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.