MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001297
STATE FILE NUMBER

Registration District No. 737 Primary Registration District No. 4218 Registrar's No. 3

FILED JAN 15 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	421
2	800
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Windsor — Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Windsor Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Pettis
c. CITY OR TOWN: Windsor — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R. F. D. # 3 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First HERBERT Middle P. F. Last ECKHOFF

4. DATE OF DEATH: Month January Day 7 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9-21-1902
9. AGE (last birthday): 60 — 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): Hatchery
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cole Camp, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Henry C. Eckhoff
13b. MOTHER'S MAIDEN NAME: Marie M. Griffle
14. NAME OF HUSBAND OR WIFE: Bertha E. Eckhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates)
16. SOCIAL SECURITY NO.: 271
17. INFORMANT: Bertha E. Eckhoff Address: Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Heart Failure	Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Occlusion	7 days
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

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 June 12, 1961 to Jan. 7, 1963 and last saw him alive on Jan. 7, 1963
Death occurred at 8:40 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bernard Broch, M.D.
22b. ADDRESS: 116 S. Main St. Windsor, Missouri
22c. DATE SIGNED: 1-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-9-1963
23c. NAME OF CEMETERY OR CREMATORY: Laurel Oak Cemetery
23d. LOCATION (City, town, or county) (State): Windsor, Missouri

24. FUNERAL DIRECTOR: Clifford Gouge Address: Windsor, Mo.
25. DATE RECD. BY LOCAL REG.: JAN-9-1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1963

FEB 27 1963

MAR 3 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.

Permit Obtained 1-8-62 (MB)