

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024061

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 187

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WINDSOR		c. CITY OR TOWN WINDSOR	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESTHAVEN INC.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 304 E. FLORENCE
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) ANNA ECKHOFF	4. DATE OF DEATH Month JUNE Day 27 Year 1963
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-28-1874	9. AGE (last birthday) 88 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	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.
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13a. FATHER'S NAME CLAUS BORGER	13b. MOTHER'S MAIDEN NAME MARTHA LUTJEN	14. NAME OF HUSBAND OR WIFE HENRY H. ECKHOFF
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MRS ED BUCK WINDSOR, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardio Vascular Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Hypertensive & Arteriosclerotic Heart Disease DUE TO (b) 3 yrs DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured by Wheel	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION WINDSOR, MO.	COUNTY MO.	STATE
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21. I attended the deceased from 6-15-62 to 6-27-63 and last saw her alive on 6-24-63 Death occurred at 6:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.	22. SIGNATURE Charles M. Shurber, M.D.	22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 6/28/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-30-1963	23c. NAME OF CEMETERY OR CREMATORY COLE CAMP CEMETERY	23d. LOCATION (City, town, or county) COLE CAMP, MO.
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24. FUNERAL DIRECTOR CHARLES F. FOX	ADDRESS COLE CAMP, MO.	25. DATE RECD. BY LOCAL REG. JUNE 29-63	26. REGISTRAR'S SIGNATURE Mildred Bigum
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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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 F. Fox

Licensed Embalmer No. 4610

P. O. Address Pole 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.