

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH

0005737

Registration District No. 09-6482 Primary Registration District No. 3017 Registrar's No. 33 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0274
2 0270
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4 1
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7 0
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9 3321
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12 1-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonville</u> Length of stay in lb <u>1 week</u>		c. CITY OR TOWN <u>Pilot Grove</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>St. Joseph Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>—</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>ANNA M ECKERLE</u>		4. DATE OF DEATH <u>Feb 26, 1964</u>	
5. SEX <u>Fe</u>	6. COLOR OF RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 1, 1883</u>
9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and state or country) <u>Pilot Grove, MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Joseph Diehl</u>	
13b. MOTHER'S MAIDEN NAME <u>Agnes Felten</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Eckerle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Frank Eckerle, Atterville, Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS WITH LEFT HEMIPLEGIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Days.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GENERALIZED AND CEREBRAL ARTERIO-SCLEROSIS</u>			<u>YEARS</u>
DUE TO (c) <u>—</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARDIAC DECOMPENSATION DUE TO 186; Acquired HEALTY ANEMIA</u>			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
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 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	COUNTY STATE
21. I attended the deceased from <u>10/1/62</u> to <u>2/26/64</u> and last saw her alive on <u>2/25/64</u> Death occurred at <u>1180 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>S. Hooper, M.D.</u> (Degree or title)		22b. ADDRESS <u>329 Main St., Boonville, MO</u>	22c. DATE SIGNED <u>2/28/64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-27-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, MO</u>
24. FUNERAL DIRECTOR <u>Hays - Painter, Pilot Grove, MO</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3/1/64</u>	26. REGISTRAR'S SIGNATURE <u>S. Hooper</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAR 17 1964

MAR 11 1964

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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.