

STANDARD CERTIFICATE OF DEATH

9445

State File No.

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Sedalia</i>		c. LENGTH OF STAY (in this place) <i>4 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Sedalia MO</i>		d. STREET ADDRESS (If rural, give location) <i>Rural # 2</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2235 E 12th</i>				d. STREET ADDRESS (If rural, give location) <i>Rural # 2</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>William</i>		b. (Middle) <i>C</i>		c. (Last) <i>Eichholz</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>3 - 28 - 1949</i>		5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	
8. DATE OF BIRTH <i>May 24 - 1874</i>		9. AGE (In years last birthday) <i>74</i>		10. UNDER 1 YEAR Days <i>10</i>		11. UNDER 1 MIN. Hours <i>4</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired farmer</i>		11. BIRTHPLACE (State or foreign country) <i>Pettis County MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Chas Eichholz</i>		13b. MOTHER'S MAIDEN NAME <i>Johnna Metzger</i>		14. NAME OF HUSBAND OR WIFE <i>Armeda Eichholz</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Armeda Eichholz</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho Pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute Bronchitis</i> DUE TO (c) <i>Morphine Addiction for 25 yrs.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>(Bronchial Asthma)</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>7 days</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>491X</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>30</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>✓</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>✓</i>		21f. HOW DID INJURY OCCUR? <i>✓</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <i>✓</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>✓</i>			
22. I hereby certify that I attended the deceased from <i>12-7</i> , 19 <i>48</i> , to <i>3-28</i> , 19 <i>49</i> that I last saw the deceased alive on <i>3-28</i> , 1949, and that death occurred at <i>9:30</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Frank B. Koenig M.D.</i>		23b. ADDRESS <i>Sedalia MO</i>		23c. DATE SIGNED <i>3/30/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-30-49</i>		24c. NAME OF CEMETERY OR CREMATORIUM <i>Pleasant Hill Pettis Co</i>		24d. LOCATION (City, town, or county) (State) <i>Pettis Co MO</i>	
DATE REC'D BY LOCAL REG. <i>4-7-1949</i>		REGISTRAR'S SIGNATURE <i>Betty Yeager Deputy</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>A.F. Kenney</i>		ADDRESS <i>Smithton MO</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10. 48

FILED APR 12 1949

RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed 4-11-49

AUG 8 1950

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
Student Embalmer

Signed A. F. Hammer

Licensed Embalmer No. 3912

P. O. Address Smithton 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 this body is not embalmed, fact should be so stated above.