

FILED AUG 9 1949
Dr. Loyd

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22879

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 190

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cole Camp, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Emma</u> b. (Middle) <u>Henrietta</u> c. (Last) <u>Eickhoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept-13-1879</u>			9. AGE (In years last birthday) <u>69</u> If UNDER 1 YEAR: Months <u>10</u> Days <u>24</u> If UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hosnewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home Work</u>		11. BIRTHPLACE (State or foreign country) <u>Cole Camp, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Henry Tietjen</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Stellies</u>		14. NAME OF HUSBAND OR WIFE <u>Fred J. Eickhoff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. E. J. Tietjen Sr., Jefferson City, Mo</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 13, 1948, to Aug 6, 1949, that I last saw the deceased alive on Aug 6, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Loyd M.D.</u>		23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>8-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-8-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cole Camp, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. P. Davis M.D. - 1208 1/2 N. 1st St. Jefferson City, Mo</u>			

District File Number _____
District Health Officer No. 91
RECEIVED AUG 8 1948

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 Shirley J. Gordon

Licensed Embalmer No. 11786

P. O. Address Jefferson

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.