

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5897  
Registrar's No. 63

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075

1. PLACE OF DEATH a. COUNTY <u>ST. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Farmington</u> RURAL		c. LENGTH OF STAY (in this place) <u>10Y 1M 22</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Altenburg</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS <u>Unknown</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATHILDA</u>		b. (Middle)	c. (Last) <u>EURKHARDT</u>
4. DATE OF DEATH <u>Feb. 26, 1950</u>		5. SEX <u>Female</u> / 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Abt. 1870</u>	
9. AGE (in years last birthday) <u>Abt. 80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Altenburg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u> ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis - - - -</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 Hr.</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease - - -</u> <u>Unknown.</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>Dementia Praecox Psychosis - - - -</u> <u>At least 10 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Nov. 1, 1946</u> , to <u>Feb. 26, 1950</u> , that I last saw the deceased alive on <u>Feb. 26, 1950</u> and that death occurred at <u>5:20 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>John A. Brennan M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo. 2-28-50</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Altenburg Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Altenburg Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons</u> ADDRESS <u>Perryville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 28 1950</u>		REGISTRAR'S SIGNATURE <u>Ether R. Rudland</u>	

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

RECEIVED

MAR 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-316

**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 Hallie Young.....

Licensed Embalmer No. 4027.....

P. O. Address Princeton, 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.