

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23918

540

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

| | | | | | | | | | |
|---|--|--|---|---|--|---|---------------------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 172 | | PRIMARY REG. DIST. NO. 4273 | | Registrar's No. 57 | | | |
| 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>Lafayette</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Concordia</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Concordia</u> | | 0541 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <u>META</u> | | | b. (Middle) <u>ECKHOFF</u> | | | |
| c. (Last) _____ | | | 4. DATE OF DEATH | | | (Month) (Day) (Year) <u>7 7 50</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | | 8. DATE OF BIRTH <u>3-16-1863</u> | | | |
| 9. AGE (In years last birthday) <u>87</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u> | | IF UNDER 1 HR. Hours _____ Min. _____ | | | | | |
| 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 _____ | | 11. BIRTHPLACE (State or foreign country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>4</u> | | |
| 13a. FATHER'S NAME <u>Isert Pape</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Welpem</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Hy Eckhoff</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>John E. Cassing</u> | | | | ADDRESS <u>Concordia</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, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cardiac failure</u> | | DUPLICATE | | | | | | | |
| ANTECEDENT CAUSES | | DUPLICATE | | | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUPLICATE | | | | | | | |
| DUE TO (b) <u>arteriosclerosis and</u> | | DUPLICATE | | | | | | | |
| DUE TO (c) <u>cerebral hemorrhage</u> | | DUPLICATE | | | | | | 12 hrs | |
| II. OTHER SIGNIFICANT CONDITIONS | | DUPLICATE | | | | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis + hypertension</u> | | DUPLICATE | | | | | | 331X | |
| 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) <u>Concordia Lafayette, Mo.</u> | | | | | |
| 21d. TIME OF INJURY _____ | | 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>5/1/1950</u> , to <u>7/7/1950</u> , that I last saw the deceased alive on <u>7/7/1950</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. R. Robinson, D.O.</u> | | | | 23b. ADDRESS <u>Concordia Mo.</u> | | | 23c. DATE SIGNED <u>7/7/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-10-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls</u> | | 24d. LOCATION (City, town, or county) (State) <u>Concordia Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>July 10-1950</u> | | REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederick Veigt</u> | | ADDRESS <u>Concordia Mo</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

7/8/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7/8/50

Handwritten notes and scribbles at the top left of the page.

Large block of handwritten text, including "FOR NEXT" and "MET", possibly a list or notes related to the case.

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.

Signed *E. J. [Signature]*

Licensed Embalmer No. 2959

Signed
Student Embalmer

P. O. Address Concordia 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.

Handwritten notes at the bottom of the page.