

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6926**

No. 300
10.48

FILED FEB 17 1953

BIRTH NO. _____		REG. DIST. NO. 233		PRIMARY REG. DIST. NO. 5813		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre		c. LENGTH OF STAY (In this place) 19 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre		0700	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 1/2 miles S. W. Wellsville				d. STREET ADDRESS (If rural, give location) 2 1/2 miles S. W. Wellsville			
3. NAME OF DECEASED (Type or Print) a. (First) TRUMAN		b. (Middle) S.		c. (Last) EICHOR		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 9 1868	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR 4 Months		IF UNDER 1 YEAR 3 Days		IF UNDER 1 HRS. 0 Hours 0 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Watchmen		10b. KIND OF BUSINESS OR INDUSTRY LaClade Christy		11. BIRTHPLACE (City and State or Foreign Country) Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James A. Eichor		13b. MOTHER'S MAIDEN NAME Gertrude Witherspoon		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 488-18-3782		17. INFORMANT'S SIGNATURE OR NAME Dorothy Elvora Eichor ADDRESS St Louis Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Empyema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 481X				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
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) (Min.)		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 Feb 1, 1953 , to Feb 11, 1953 , that I last saw the deceased alive on Feb 4, 1953 , and that death occurred at 9 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Willis H. Walls D.O.				23b. ADDRESS Wellsville Mo.		23c. DATE SIGNED 2/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/13/53		24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.		24d. LOCATION (City, town, or county) (State) Wellsville, Montg. Mo.	
DATE REC'D BY LOCAL REG. 2-14-53		REGISTRAR'S SIGNATURE W. S. Romane Jr		25. FUNERAL DIRECTOR'S SIGNATURE W. S. Romane Jr		ADDRESS Wellsville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 31 1953

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



Licensed Embalmer No. 1584

P. O. Address Willardville 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.