No. 300
10.48

0510
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FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1829

State File No.

BIRTH NO. REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5603 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: JOHNSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GROVER TWP
c. LENGTH OF STAY (In this place): 48 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9 MI SOUTH OF CONCORDIA, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JOHNSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0510
d. STREET ADDRESS (If rural, give location): 9 MI SOUTH OF CONCORDIA, MO

3. NAME OF DECEASED (Type or Print)
a. (First): FREDRIECK
b. (Middle): CHRIST
c. (Last): ECKHOFF

4. DATE OF DEATH (Month) (Day) (Year): JAN 1 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 24, 1879
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: GEN. FARMING
11. BIRTHPLACE (City and State or Foreign Country): LAFAYETTE COUNTY MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GERHARDT ECKHOFF
13b. MOTHER'S MAIDEN NAME: SOPHIE HEIDORN
14. NAME OF HUSBAND OR WIFE: ANNA ECKHOFF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: MRS. ANNA ECKHOFF
ADDRESS: CONCORDIA, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiov-
DUE TO (c): Vascular disease — 3 yr

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: 443X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 24, 1953, *to* Jan 1, 1954 *that I last saw the deceased alive on* Jan 1, 1954, *and that death occurred at* 8 15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D.
23b. ADDRESS: Warrensburg, Mo
23c. DATE SIGNED: Jan 2 54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-4-54
24c. NAME OF CEMETERY OR CREMATORY: ST. PAULS
24d. LOCATION (City, town, or county) (State): CONCORDIA MO

DATE REC'D BY LOCAL REG.: Jan 2-1954
REGISTRAR'S SIGNATURE: Erma L. Beatty 149
25. FUNERAL DIRECTOR'S SIGNATURE: E. L. Jones
ADDRESS: Concordia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 11 1954
JOHNSON COUNTY HEALTH DEPT.

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 Mr ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Gardner, 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.