

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26775**

BIRTH NO. _____		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 4188		Registrar's No. 240	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		c. LENGTH OF STAY (in this place) 41 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION 512 W. Franklin				d. STREET ADDRESS (If rural, give location) 512 W. Franklin			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Alice c. (Last) Eichler			4. DATE OF DEATH Aug. 24, 1954				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 17, 1874	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 1 YEAR Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hiram W. Nighten		13b. MOTHER'S MAIDEN NAME Elizabeth Davis		14. NAME OF HUSBAND OR WIFE Frank Eichler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ***		17. INFORMANT'S SIGNATURE OR NAME Frank Eichler ADDRESS Owensville, 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) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Degeneration 1 yr. DUE TO (c) Arteriosclerosis, advanced 3 yrs. + II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Immediate
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 8-24, 1954 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Paula Brunner M.D. (Degree or title)				23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 8-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8-27-1954		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Owensville, Mo.	
DATE REC'D BY LOCAL REG. August 28, 1954		REGISTRAR'S SIGNATURE Mrs. Marvin Japp		25. FUNERAL DIRECTOR'S SIGNATURE W. H. White ADDRESS OWENSVILLE			

APR 11 1958

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Malcolm H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.