

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031706

STATE FILE NUMBER

20

FILED SEP 29 1958

Registration District No. 31 Primary Registration District No. 5108 Registrar's No.

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Williams Township		c. CITY OR TOWN Williams Township ⁰⁰⁸⁰	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 65		Length of stay in lb 37 Years	
d. STREET ADDRESS Highway 65		(If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Rudolph Middle John Last Eickhoff		4. DATE OF DEATH Month Sept Day 24th Year 1958	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20th 1884
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Cole Camp Mo
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME John Eickhoff	
14. MOTHER'S MAIDEN NAME Mata Heisterberg		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO. 489-42-6740		17. INFORMANT Mrs Hannah Eickhoff Address Cole Camp R#1 Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Anemia DUE TO (b) Wrenia DUE TO (c) Cancer of Prostate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH immediate 1-2 wks. 2 years.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8-13-57 to 9-24-57 and last saw ^{her} _{him} alive on 9-24-57 Death occurred at 9:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John L. Watson, D.O. (Degree or title)		22b. ADDRESS Cole Camp, Mo.	
22c. DATE SIGNED 9-25-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Sept 26, 1958		23c. NAME OF CEMETERY OR CREMATORY St raul Cemetery	
23d. LOCATION (City, town, or county) Cole Camp Mo		(State)	
24. FUNERAL DIRECTOR E L Eickhoff ADDRESS Cole Camp Mo		25. DATE RECD. BY LOCAL REG. Sept 26, 1958	
26. REGISTRAR'S SIGNATURE E L Eickhoff			

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
c 80
300
1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed. *Charles F. Jof*.....

Licensed Embalmer No. *46*

P. O. Address *Colo Camp*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.