Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039354
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 82 Primary Registration District No. 5317 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kelley — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 12 miles N.Tipton — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cooper
c. CITY OR TOWN: Bunceton — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 12 Miles North Tipton — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Elmer Middle: Clayton Last: Eichelberger

4. DATE OF DEATH Month Day Year: November, 27th. 1958

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: September, 19 1898

9. AGE (In years last birthday): 60 39 — 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): Farmer and Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Bunceton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Harvey Eichelberger
13b. MOTHER'S MAIDEN NAME: Mary E. Helms
14. NAME OF HUSBAND OR WIFE: Virginia Lee Eichelberger

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.: Unknown
17. INFORMANT: Virginia Lee Eichelberger, Address: Tipton, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial anoxemia
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Bunceton RFD **COUNTY** Cooper **STATE** Mo.

21. I attended the deceased from 11-27-58, to 11-27-58 and last saw him alive on 11-27-58
Death occurred at Bunceton RFD 7 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard W. Callison D.O.
22b. ADDRESS: Bunceton, Mo.
22c. DATE SIGNED: 11-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 29. 1958
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Tipton, Missouri

24. FUNERAL DIRECTOR: Jennell E. Richards **ADDRESS:** Tipton, Mo
25. DATE RECD. BY LOCAL REG.: 11/29/58
26. REGISTRAR'S SIGNATURE: R. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

DEC 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~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, Missouri

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.