

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001278

STATE FILE NUMBER

1

FILED JAN 21 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 1

300

1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cartersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		Length of stay in 1b 4 mo. 27 da	d. STREET ADDRESS (If outside, give location) 201 Elm Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ETHAN Middle A. Last BICHEMBERGER			4. DATE OF DEATH Month 1st Day 1st Year 1959		
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 4-18-96	9. AGE (In years last birthday) 62 yrs 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) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and state or country) Cartersville, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Joseph Eichelberger		13b. MOTHER'S MAIDEN NAME Laura Flack		14. NAME OF HUSBAND OR WIFE Floye Eichelberger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes NWI		16. SOCIAL SECURITY NO. 446 07 1866	17. INFORMANT Address V.A. Hospital Records, K.C., 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) Empyema DUE TO (b) Bronchopleural fistula DUE TO (c) Carcinoma of lung 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
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. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/> 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 August 4, 1958 to January 1, 1959 Death occurred at 4:25 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Arne Hedegaard MD			22b. ADDRESS V.A. Hospital, K.C., Mo.		22c. DATE SIGNED 1-1-59
23a. BURIAL, CREMATION, REINTERMENT (Type)	23b. DATE 1-1-59	23c. NAME OF CEMETERY OR CREMATORY Cartersville me Bride		23d. LOCATION (City, town, or county) (State) Cartersville Mo.	
24. FUNERAL DIRECTOR ADDRESS Magner Funeral Home, K C Mo		25. DATE RECD. BY LOCAL REG. 1-1-59	26. REGISTRAR'S SIGNATURE neva Trinchell		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 21 1959

teacher

Missouri

Jackson

West City

Kansas City

301 Elm Street

V.A. Hospital

is

RECORDED

.A

EMER

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 *Alvin R. Haenschild*

Licensed Embalmer No. *4159*
P. O. Address *Kansas City*

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.