

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013268

STATE FILE NUMBER

FILED APR 20 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1718

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KAUAS CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SWEET SPRINGS,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Length of stay in 1b 2 DAYS	d. STREET ADDRESS ROUTE 3
3. NAME OF DECEASED (Type or print) First Middle Last DORIS C. ECKMEYER			4. DATE OF DEATH Month Day Year APRIL 4, 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 28, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) Month Day Hours Min. 85
11. BIRTHPLACE (City and state or country) Concordia, mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Dredarick Schweer		13b. MOTHER'S MAIDEN NAME Louise Dierking	
14. NAME OF HUSBAND OR WIFE John L. Eckhoff		Address Sweet Springs, mo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Parker Funeral Home		Address Sweet Springs, 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) Subarachnoid Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Vascular Disease with Hypertension			
DUE TO (c) Arteriosclerotic Heart Disease			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			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. p.m. Month, Day, Year			
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 April 3, 1959 to April 4, 1959 and last saw her alive on April 4, 1959 Death occurred on 9th p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold W. Voth, M.D.		22b. ADDRESS 201 Plaza Med. Bldg. 315 Nichols Rd. C.C. Mo.	
22c. DATE SIGNED April 4, 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-7-59	
23c. NAME OF CEMETERY Springfield		23d. LOCATION (City, town, or county) (State) Sweet Springs, mo.	
24. FUNERAL DIRECTOR L.F. PARKER		25. DATE RECD. BY LOCAL REG. 4-4-59	
ADDRESS SWEET SPRINGS, MO		26. REGISTRAR'S SIGNATURE Irene Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Harold W. Voth

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 *L. G. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Sweet Springs*

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.