

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022421

STATE FILE NUMBER

FILED JUN 16 1959 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 80

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST CHARLES
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO HOSPITAL		Length of stay in 1b 24 DAYS	d. STREET ADDRESS (If outside, give location) 202 BOONSLICK ST
3. NAME OF DECEASED (Type or print) First Middle Last EDWIN WILLIAM EKLOF			4. DATE OF DEATH Month Day Year June 6 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 OCT 16 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and state or country) HICKORY CO, MO, U.S.A.
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE BERTHA L. EKLOF
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address HOSPITAL RECORDS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 18 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 May 12 59 to June 6 and last saw her alive on June 6/59 . Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G. L. Pilsner D.O.</i> (Degree or title)		22b. ADDRESS Louisiana Mo	22c. DATE SIGNED June 7, 1959
23a. BURIAL, CREMATION, OR OTHER DISPOSITION BURIAL	23b. DATE June 9, 1959	23c. NAME OF CEMETERY OR CREMATORY CLARK CEMETARY	23d. LOCATION (City, town, or county) (State) HERMITAGE MISSOURI
24. FUNERAL DIRECTOR C. W. PRINSTER, ST. CHARLES, Mo.		25. DATE RECD. BY LOCAL REG. June 7, 1959	26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Geo. N. Collier*

Licensed Embalmer No. *3839*
P. O. Address *Louisiana*

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.