

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020770

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 4143 Registrar's No. 98

AMENDED FILED JUL 10 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Blackwater</u>		Length of stay in 1b <u>65 Yrs.</u>		c. CITY OR TOWN <u>Blackwater</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS _____ (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Arch</u> Middle <u>C.</u> Last <u>Eichman</u>				4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 26, 1892</u>		9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Postal Service</u>		11. BIRTHPLACE (City and state or country) <u>Marion County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>R. G. Eichman</u>				13b. MOTHER'S MAIDEN NAME <u>Lennie Roberts</u>				14. NAME OF HUSBAND OR WIFE <u>Fedora K. Fray Eichman</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Mrs. A. C. Eichman, Blackwater, Mo.</u> Address _____							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>										<u>4 hrs</u>			
DUE TO (b) <u>Coronary Heart disease</u>										<u>several years</u>			
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arthritis - cystitis -</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 <u>1945</u> to <u>July 5, 1961</u> and last saw <del>the</del> him alive on <u>July 5, 1961</u> Death occurred at <u>12:00 noon</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>T. C. Beckett</u> (Degree or title)						22b. ADDRESS <u>Boonville Mo</u>			22c. DATE SIGNED <u>7-7-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 8, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Old Lamine Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Cooper County, Mo.</u>						
24. FUNERAL DIRECTOR <u>Goodman &amp; Boller, Boonville, Mo.</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>7/8/61</u>		26. REGISTRAR'S SIGNATURE <u>St. Hooper</u>							

1961 AUG 1 SA

SEP 12 1961

**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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

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.