

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020865

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 4349 Registrar's No. 48

FILED JUN 10 1963

VS 300
Rev. 4/59

1 0710

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>STOVER</u>		Length of stay in 1b <u>6 YEARS</u>	c. CITY OR TOWN <u>STOVER</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>STOVER</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Edwin John Eckhoff</u>			4. DATE OF DEATH Month Day Year <u>MAY 31 1963</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>Jan. 3, 1897</u>
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>& Custodial</u>	11. BIRTHPLACE (City and state or country) <u>Benton County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Louis Eckhoff</u>	
13b. MOTHER'S MAIDEN NAME <u>Christine Berdts</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Eckhoff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>1</u>	17. INFORMANT <u>Viola Eckhoff Stover Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>5 to 6 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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 Month, Day, Year s.m. p.m.		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>July 55</u> to <u>May 31 -63</u> and last saw her/him alive on <u>May 30, 1963</u> Death occurred at <u>12:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ruth Kaufman, M.D.</u>		22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>6-1-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 3, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Stover, Mo.</u>
24. FUNERAL DIRECTOR <u>SCRIVNER-STEINSON Stover, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-3-63</u>	26. REGISTRAR'S SIGNATURE <u>J. Wash</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

OCT 3 1963

JUL 16 1963

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 James L. Scammi

Licensed Embalmer No. 4850

P. O. Address Veracruz, 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.