

CERTIFICATE OF DEATH

124-71 0028951

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 32

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

DECEASED—NAME		FIRST MINNIE	MIDDLE C.	LAST EICHER	SEX female	DATE OF DEATH (MONTH, DAY, YEAR) July 25, 1971
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) white		AGE—LAST BIRTHDAY (YEARS) 71	UNDER 1 YEAR MOS. 5b.	UNDER 1 DAY DAYS 19 HOURS 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) July 8, 1900	COUNTY OF DEATH 7a. Moniteau
10b. CITY, TOWN, OR LOCATION OF DEATH California		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. South Oak St., R.F.D.		
7b. STATE OF BIRTH (IF NOT IN U.S.A., NAME OF COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. widow		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.
8. SOCIAL SECURITY NUMBER 12. 495-40-7554		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED.) 13a. housewife		KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. Moniteau	CITY, TOWN, OR LOCATION 14c. California		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	STREET AND NUMBER 14e. S. Oak St., R.F.D.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME		FIRST Jacob	MIDDLE	LAST Brand	MOTHER—MAIDEN NAME	FIRST Minnie	MIDDLE Kirchhoff	LAST
15. INFORMANT—NAME 17a. Cora Brand					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. McGirk, Mo., 65055			

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Chronic myocarditis DUE TO, OR AS A CONSEQUENCE OF:		5 year
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF:		
(c)		

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a. no	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 5 12 1965 TO 7 25 1971	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. 7 24 1971	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. did not	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 70
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CERTIFIER

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH M. 22b.	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR M. 22c.
CERTIFIER—NAME (TYPE OR PRINT) 23a. Kenyon LATHAM M.D.	SIGNATURE 23b. Kenyon Latham M.D.	DEGREE OR TITLE 23c. M.D.	DATE SIGNED (MONTH, DAY, YEAR) 23d. 7-27-71
MAILING ADDRESS—CERTIFIER 23e. 109 N High California Mo. 65018			

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. burial	CEMETERY OR CREMATORY—NAME 24b. Evangelical	LOCATION 24c. California, Mo.
DATE (MONTH, DAY, YEAR) 24d. July 28, 1971	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Wilson Funeral Home, 101 S. Oak, California, Mo. 65018	
FUNERAL DIRECTOR—SIGNATURE 25a. G.E. Wilson	REGISTRAR—SIGNATURE 25b. Florence H. Kieley	DATE RECEIVED BY LOCAL REGISTRAR 25c. July 27-1971

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9. 1  
10a. 71  
10b. 40681  
11. 90  
12. 2  
13. 428X  
14. 60681  
15. 4  
16. 0  
17. 0  
18. 0  
19. CREDITS  
20. 3-0

**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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.