

FILED SEP 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38104 A  
State File No. 80115  
City 61  
Registrar's No. 5283

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5283

1. PLACE OF DEATH  
a. COUNTY CLARK  
b. CITY (If outside corporate limits, write "RURAL" and give township) Kahoka, Mo.  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Clark  
c. CITY OR TOWN Kahoka, Mo. d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
Lincoln Hosp  
Kahoka, Mo.  
e. STREET ADDRESS (If rural, give location)  
Kahoka Lincoln Hosp

3. NAME OF DECEASED  
a. (First) LETTIE b. (Middle) MAY c. (Last) EGBERT  
4. DATE OF DEATH (Month) (Day) (Year)  
Nov. 10 1941

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Sept. 27, 1905 9. AGE (In years last birthday) 36  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 4 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) Williamsfield, Ill  
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Moses Jackson Witt 13b. MOTHER'S MAIDEN NAME Elizabeth Caldwell 14. NAME OF HUSBAND OR WIFE Erwin Egbert

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'S SIGNATURE OR NAME Erwin Egbert ADDRESS Wyaconda, Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Indigestion  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Myocarditis  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
5422

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Nov 10, 1941, and that death occurred at 5 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Bridges M.D. 23b. ADDRESS Kahoka Mo 23c. DATE SIGNED 9/18/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE NOV. 12, 1941 24c. NAME OF CEMETERY OR CREMATORY Etna Cemetery 24d. LOCATION (City, town, or county) (State) Near Wyaconda, Mo. Scotland Co

DATE REC'D BY LOCAL REG. 9/18.1956 REGISTRAR'S SIGNATURE J. A. Bridges 25. FUNERAL DIRECTOR'S SIGNATURE Erwin Egbert ADDRESS Wyaconda, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

61-

SEP 21 1958

SEP 25 1958

**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 J Basler*

Licensed Embalmer No. *181*

P. O. Address *Wyalon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.