

FILED JUN 10 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18290

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 826 PRIMARY REG. DIST. NO. 6101 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lorin Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lorin - Rural</u>	
c. LENGTH OF STAY (in this place) <u>75 yrs</u>		97	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Admission Egbert</u>		d. STREET ADDRESS (If rural, give location) <u>Lorin Mo</u>	

3. NAME OF DECEASED (Type or Print) <u>Annie Egbert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 - 1949</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Mar 14 - 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 DAY Days <u>12</u>	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (State or foreign country) <u>Lee Co. Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Egbert</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Weller</u>	14. NAME OF HUSBAND OR WIFE _____
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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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Egbert</u> ADDRESS <u>Lorin Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>		<u>15 days</u>
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____		<u>33 2A</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>/</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May 11, 1949, to May 26, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 5 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. M. Johnson M.D.</u>	23b. ADDRESS <u>Lorin Mo</u>	23c. DATE SIGNED <u>5-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lorin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lorin Mo</u>
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DATE REC'D BY LOCAL REG. <u>6/2/49</u>	REGISTRAR'S SIGNATURE <u>OTAB</u> 4070	25. FUNERAL DIRECTOR'S SIGNATURE <u>ERTHNT</u> ADDRESS <u>Memphis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1950

RECEIVED

District Health Officer N

District File Number 6-119

Date Filed JUN 8 1949

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 \_\_\_\_\_  
Student Embalmer

Signed Fred Gerth

Licensed Embalmer No. 4-256

P. O. Address Memphis

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 this body is not embalmed, fact should be so stated above.