

FILED MAR 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9772

BIRTH NO. 22562-50 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) MARYVILLE		c. CITY (If outside corporate limits, write RURAL and give township) 074	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCIS			

3. NAME OF DECEASED (Type or Print) LANNY	a. (First)	b. (Middle) LEE	c. (Last) EGBERT	4. DATE OF DEATH MAR 19 1950
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5. SEX M U W	6. COLOR OR RACE INFANT	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-19-1950	9. AGE (In years last birthday) —	IF UNDER 1 YEAR Months —	IF UNDER 24 HRS. Days —	IF UNDER 24 HRS. Hours 6	IF UNDER 24 HRS. Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYVILLE, MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME DONALD EGBERT	13b. MOTHER'S MAIDEN NAME EVA EGBERT SPARGUR	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Donald Egbert	ADDRESS Burl. Jct Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		776x

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Mar 19 1950, to _____, 19____, that I last saw the deceased alive on Mar 19 1950, and that death occurred at 1:53A m., from the causes and on the date stated above.

23a. SIGNATURE J. B. DeLund M.D.	(Degree or title)	23b. ADDRESS Burlington Jct Mo	23c. DATE SIGNED 3/24/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-20-50	24c. NAME OF CEMETERY OR CREMATORY OHIO	24d. LOCATION (City, town, or county) (State) Burl. Jct. Mo
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DATE REC'D BY LOCAL REG. 3-25-50	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Burl. Jct Mo	ADDRESS
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(Licensed Embalmer's Statement of Reverse Side)

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

No. 300

10.48

742



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 _____

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working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

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.