

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34415

State File No.

FILED OCT 27 1952

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u> c. LENGTH OF STAY (in this place) <u>2 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Tina, Mo.</u> <u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Margam Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>city</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALKAZAH</u> b. (Middle) <u>Benton</u> c. (Last) <u>Egbers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15-1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 4-1869</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR <u>7</u> 11. UNDER 1 MONTH <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Charles Egbers</u>	13b. MOTHER'S MAIDEN NAME <u>Hudson</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 year or date of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Dickerson</u> ADDRESS <u>Bogard 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 <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Staph. Infection</u> 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 <u>260x</u>	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) _____
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? _____

22. I hereby certify that I attended the deceased from Oct. 15, 1952, to Oct. 15, 1952, that I last saw the deceased alive on Oct. 15, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Carroll L. Smith J. D.O.</u>	23b. ADDRESS <u>107-9th St. Carrollton Mo</u>	23c. DATE SIGNED <u>10-16-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT 17-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Branch</u>	24d. LOCATION (City, town, or county) (State) <u>Tina Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/17/52</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Curren</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. Dickerson</u> ADDRESS <u>Bogard Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01714

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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Boyard 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 this body is not embalmed, fact should be so stated above.