

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1261

State File No.

3

FILED JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>139</u>	PRIMARY REG. DIST. NO. <u>4275</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OREGON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OREGON</u> <u>04411</u>		
c. LENGTH OF STAY (In this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTAV</u> b. (Middle) <u>Adolph</u> c. (Last) <u>EGGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 19, 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 3, 1875</u>	9. AGE (In years last birthday) <u>77</u> <u>8</u> <u>17</u> <u>17</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>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>5</u> <u>Frutigen Switzerland</u>
12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME <u>Samuel Egger</u>		13b. MOTHER'S MAIDEN NAME <u>Rosina Kloppenstein</u>		14. NAME OF HUSBAND OR WIFE <u>Loena Elizabeth Egger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loena Egger, OREGON, Mo</u> ADDRESS _____
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> 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. <u>331X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Feb 1952</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (Min.) _____		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 <u>Feb</u> , 19 <u>48</u> , to <u>Jan 19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 19</u> , 19 <u>53</u> , and that death occurred at <u>10:05 Pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>O. F. Newman M.D.</u> (Degree or title)		23b. ADDRESS <u>Oregon, Mo</u>		23c. DATE SIGNED <u>1-21-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 21, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>
24d. LOCATION (City, town, or county) (State) <u>OREGON, Mo</u>				
DATE REC'D BY LOCAL REG. <u>1-21-1953</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lo. Dean Leale</u> ADDRESS <u>Fillmore, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

1918 1 7 1918

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 *G. H. ...*

Licensed Embalmer No. 4670

P. O. Address Fillmore, 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.