

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED FEB 14 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 50 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vineyard Park Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
3. NAME OF DECEASED (Type or Print) a. (First) Warner b. (Middle) D. c. (Last) EGE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-5-1882
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel clerk	11. BIRTHPLACE (City and State or Foreign Country) Sweet Springs, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel clerk		10b. KIND OF BUSINESS OR INDUSTRY Trader's Hotel	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles S. Ege		13b. MOTHER'S MAIDEN NAME Sarah Ann Nichols	14. NAME OF HUSBAND OR WIFE Bessie Ege
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. 446-07-5028	17. INFORMANT'S SIGNATURE OR NAME Chas. S. Ege
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.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) massive rectal bleeding INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) lee of color DUE TO (c) 18. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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>1-13-53</u> , 19 <u> </u> , to <u>1-19-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>1-19-53</u> , 19 <u> </u> , and that death occurred at <u>9 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE J. A. Nigro		23b. ADDRESS M.D.O. 1222 McSee	23c. DATE SIGNED 1-20-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-22-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 1-21-53		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	
REGISTRAR'S SIGNATURE St. Pauline Smith		ADDRESS Kansas City, Mo.	

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

Dr. D. M. Negro

United 5⁰³ T. M. a

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 Alvin E. Peak

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.