

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20589**

FILED JUN 24 1953

BIRTH NO. 34142 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lullahan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> <u>1050</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Green-Smith Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Antonie</u> b. (Middle) <u>Michael</u> c. (Last) <u>Van Egdorn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>June 14, 1953</u>		9. AGE (In years last birthday) <u>3</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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) <u>Missouri</u>	

13a. FATHER'S NAME <u>Elmer Van Egdorn</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Lee Laurence</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
--	--	---	--	--------------------------------------	--

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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cassie Frazier, Milan, Mo.</u>	
--	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus and meningitis (acute fatal)</u> <u>Antibiotics ineffective</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>Chronic left mid brain</u> DUE TO <u>Club foot</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic left ear</u>			INTERVAL BETWEEN ONSET AND DEATH
--	--	--	--	--	----------------------------------

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>752X</u>		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 June 14, 1953, to June 14, 1953, that I last saw the deceased alive on June 14, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. F. King M.D.</u>		23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>June 14, 1953</u>	
---	--	------------------------------------	--	---------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/15/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Grove Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-15-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Riley Kirkville, Mo.</u>	
---	--	---	--	--	--

USE PENCIL USING BLACK INK - MAKE A PERMANENT RECORD

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

James E. Hacklem

Licensed Embalmer No. *4573*

P. O. Address

Hicksville

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.