

FILED JUN 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16687

State File No. 264

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 264

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence Mo</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Indep.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. San & Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>16407 East 23rd 700^S 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Henry</u> c. (Last) <u>Esgar</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 19 - 1878</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>78</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</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>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Blossburg, Penn.</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Robert Esgar</u>	13b. MOTHER'S MAIDEN NAME <u>Elgia Hanwell</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Esgar 16407 E. 23rd</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-42-5018</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Esgar wife</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis?</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 _____	20. AUTOPSY? YES <input checked="" 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) <u>4201</u>
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 June 3, 1956 to June 7, 1956, that I last saw the deceased alive on June 7, 1956, and that death occurred at 9:47 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. Trovack</u>	23b. ADDRESS <u>Chas. Trovack</u>	23c. DATE SIGNED <u>6/8/56</u>
---	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MO.</u>
DATE REC'D BY LOCAL REG. <u>6-8-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Stahl 815 WEST MAPEN² INDEP. MO.</u> ADDRESS _____	

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

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1957

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.....
Signature of Student Embalmer

Signed.....
Rollie Kessell

Licensed Embalmer No. 469

P. O. Address R.C.M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.