

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1266
STATE FILE NUMBER
236

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in 38 years	
3. NAME OF DECEASED (Type or print) First Middle Last Ralph W. Eggert		4. DATE OF DEATH Month Day Year 1 15 1957	
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 14, 1900
9a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Foreman bart. clng.		9b. AGE (In years last birthday) 56	
10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal Railroad		11. BIRTHPLACE (City and state) Kansas City, Mo.	
13. FATHER'S NAME Joseph Eggert		14. MOTHER'S MAIDEN NAME Alice Sherry	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS? no		16. SOCIAL SECURITY NO. 496-01-5995	
17. INFORMANT James W. Kerr		Address 5094 Glenview Dr. #2	
CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dissecting aneurysm of aorta			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 14, 1957 to Jan. 15, 1957 and last saw him him alive on Jan. 15, 1957 Death occurred at 7:25 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. I. Burns (Degree or title) B. I. Burns, M.D.		22b. ADDRESS 24th & Cherry	
		22c. DATE SIGNED 1-16-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 18 1957	
23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem		23d. LOCATION (City, town, or county) (State) Kansas City Mo	
24. FUNERAL DIRECTOR ADDRESS Melody Mc Gilly Eflor K.C., Mo		25. DATE RECD. BY LOCAL REG. 1-17-57	
		26. REGISTRAR'S SIGNATURE Neva Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION
8-2-57

(Licensed Embalmer's Statement on Reverse Side)

MS SEP 17 1959

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 *John H. Pryor*

Licensed Embalmer No. 29

P. O. Address K. E. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.