

Health, Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1957

25025

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 334

300
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hosp.		Length of stay in lb 9 Yrs	d. STREET ADDRESS (If outside, give location) 1415 New Hampshire Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OMAR Middle LESTER Last EGGENSPERGER			4. DATE OF DEATH Month 7 Day 30 Year 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 1911 3-25-1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Compositor		10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (City and state or country) Hanska, Minnesota
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Adolph R. Eggenesperger	
13b. MOTHER'S MAIDEN NAME Dora C. M. Schnaurer		14. NAME OF HUSBAND OR WIFE Mary Ruth Eggenesperger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes W. W. # 2		16. SOCIAL SECURITY NO. 430-01-8181	17. INFORMANT Address Joplin, Mo Mary Ruth Eggenesperger, 1415 New Hampshire
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion, with Myocardial Infarction, Anterior			INTERVAL BETWEEN ONSET AND DEATH Immediate
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. SUICIDE. HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 January, 1956 to July 2, 1957 and last saw her/him alive on July 2, 1957 Death occurred at 4:38 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert S. Bosterwirth, M.D.		22b. ADDRESS Joplin, Missouri 505 F.R.L. Bldg.	22c. DATE SIGNED 7-8-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-6-1957	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cem	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR Thornhill-Dillon Mort, Joplin, Mo		25. DATE RECD. BY LOCAL REG. 7-11-1957	26. REGISTRAR'S SIGNATURE Doore Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION Corr. by **July 29 1957 W. Ruth**

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were observed. All diseases in Part I must be causally related.

County File Number 5-1-1-311
Date Filed JUL 15 1957

JUL 30 1957
JUL 24 1957
JUL 17 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 David Wilson

Licensed Embalmer No. 3898
P. O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed; fact should be so stated above.