

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005525
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 512

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>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City, Mo</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp. 24th</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2305 Shady Lane Blvd</u>
3. NAME OF DECEASED (Type or print) First <u>Virginia W.</u> Middle <u>Eggeson</u> Last <u>Virginia W. Eggeson</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>25</u> Year <u>1959</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-27-1921</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>37</u>
11. BIRTHPLACE (City and state or country) <u>Jenese, Idaho U.S.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Rollo Witty</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Bitzall</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Eggeson</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, Unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>355-24-1033</u>	17. INFORMANT <u>Oscar F. Eggeson</u> Address <u>2305 Shady Lane Blvd</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>NEUROFIBROSARCOMA OF CHEST</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 Yr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>1939</u>
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 type="checkbox"/> NO <input checked="" 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 _____ 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 <u>6/5/58</u> to <u>1/25/59</u> and last saw her/him alive on <u>1/24/59</u>		Death occurred at <u>1:20</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>John W. Walker</u>		22b. ADDRESS <u>Kansas City Mo</u>	22c. DATE SIGNED <u>1/29/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>1-28-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DW. Newcomers</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>DW. Newcomers 24th</u>		25. DATE RECD. BY LOCAL REG. <u>1-27-59</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John W. Walker

Nov 2 - 16329
Dr. Deane
Research Hosp.
Ill.

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 Glen H. Hill

Licensed Embalmer No. 4586
P. O. Address K.C. 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.