Health, & Welfare Public Service

S. 300
1-57

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FILED APR 7 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008869
STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. Registrar's No. 59-32

1. PLACE OF DEATH a. COUNTY: Dade	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Lockwood Mo — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Lockwood Mo 0290 0 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hospital — Length of stay in 1b: 2mo	d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First / Middle / Last: Fredrick Herman Henry Eggerman	4. DATE OF DEATH Month / Day / Year: March 27 1959
5. SEX: Male 0 — 6. COLOR OR RACE: White — 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] — 8. DATE OF BIRTH: Sept. 7 1894	9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 6, Days 20 — IF UNDER 24 HRS: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Farming — 11. BIRTHPLACE (City and state or country): Lockwood Mo 0	12. CITIZEN OF WHAT COUNTRY? usa
13a. FATHER'S NAME: Fred Eggerman — 13b. MOTHER'S MAIDEN NAME: Charolet Voskamp	14. NAME OF HUSBAND OR WIFE: AMELIA EGGERMAN.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: 491-42-7539	17. INFORMANT Address: Mrs Fred Eggerman Lockwood Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Excess Intra Cranial Pressure. — INTERVAL BETWEEN ONSET AND DEATH: 2 months +

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Brain tumor — 2 months +

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 [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 8-21-58, to 3/27/59 and last saw ~~her~~ him alive on 3/24/59

Death occurred at 5:10A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Elmer W. Taylor M.D. 0	22b. ADDRESS: 807 Main St. Lockwood, Mo	22c. DATE SIGNED: 3/[illegible]/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: March 30 1959	23c. NAME OF CEMETERY OR CREMATORY: Lockwood	23d. LOCATION (City, town, or county) (State): Lockwood Mo
24. FUNERAL DIRECTOR: W.R. Allison — ADDRESS: Greenfield Mo.	25. DATE RECD. BY LOCAL REG.: 4/2/1959	26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield

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.