

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041204

FILED VS. NOV 16 1959 *274*

Registration District No. _____ Primary Registration District No. *3052* Registrar's No. *356*

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY PETTIS b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA Length of stay in 1b 7 years		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PETTIS c. CITY OR TOWN SEDALIA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 202 S. Missouri Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle A. Last EGGERS		4. DATE OF DEATH Month November Day 9 Year 1959	

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 2/9/1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Hanover, Germany		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Karl Eggers		13b. MOTHER'S MAIDEN NAME Augusta Winkler		14. NAME OF HUSBAND OR WIFE Anna Eggers	
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. None		17. INFORMANT Anna Eggers Sedalia, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic heart disease.</i> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

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. Month, Day, Year _____		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 *August 1958* to *9 Nov 1959* and last saw him alive on *9 Nov 1959*
 Death occurred at *5:00 a* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Donald C. ...</i>	22b. ADDRESS <i>Sedalia, Mo.</i>	22c. DATE SIGNED <i>9 Nov 1959</i>
--	-------------------------------------	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Greenwood	23d. LOCATION (City, town, or county) (State) Chicago, Illinois
---	----------------------------------	--	---

24. FUNERAL DIRECTOR <i>Thorne ...</i> ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 11-10-1959	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>
--	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AS DEC 7 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 Shane Ewing

Licensed Embalmer No. 3847
P. O. Address Sedalia

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.