

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-047693

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

4218

Registrar's No.

330

FILED JAN 10 1966

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Windsor

Length of stay in 1b
30 yrs

c. CITY
OR TOWN Windsor

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Windsor Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1107 S. Windsor St.,

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First DELMER

Middle -

Last EGBERT

4. DATE OF DEATH

Month Day Year
December 28, 1965

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/23/1888

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer & Shoe Factory

10b. KIND OF BUSINESS OR INDUSTRY

Farming & Shoe Mfg.

11. BIRTHPLACE (City and state or country)

Johnson County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas D. Egbert

13b. MOTHER'S MAIDEN NAME

Mary J. Shaw

14. NAME OF HUSBAND OR WIFE

Josephine Sidwell

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.

487-12-1543

17. INFORMANT

Delmer Egbert, Jr., Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory Collapse

INTERVAL BETWEEN ONSET AND DEATH

instant

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

DUE TO (b)

Myocardial Infarct

5 hrs.

DUE TO (c)

Coronary Thrombosis

5 hrs.

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

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 Month, Day, Year
a.m. p.m.

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 August of 1958 to 12-28-65 and last saw her alive on 12-28-65

Death occurred at 4:40 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
William J. Smith M.D.

22b. ADDRESS

103 W. Colt St. Windsor, Mo.

22c. DATE SIGNED

12/30/65

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

12/30/65

23c. NAME OF CEMETERY OR CREMATORY

Mineral Creek

23d. LOCATION (City, town, or county)

Leeton, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Huston Funeral Home, Windsor, Mo.

25. DATE RECD. BY LOCAL REG.

JAN. 5, 1966

26. REGISTRAR'S SIGNATURE

Mildred Bigum

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 *Edna J. Lusk*

Licensed Embalmer No. 3391

P. O. Address Winder, 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.