

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12727

State File No.

| | | | | | | | | |
|--|--|--|--|--|--|---|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>137</u> | | PRIMARY REG. DIST. NO. <u>4217</u> | | Registrar's No. <u>104</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Urich</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Urich</u> <u>11420</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William Almonet Eggers</u> | | | b. (Middle) | | | c. (Last) | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1950</u> | | | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>Sept 26 1889</u> | | |
| 9. AGE (In years last birthday) <u>80 6 16</u> | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Landon Mills, Illinois</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | 13a. FATHER'S NAME <u>Andrew Jackson Eggers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sallie Moore</u> | | 14. NAME OF HUSBAND OR WIFE <u>Clarence Eggers-Creighton Mo.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Eggers-Creighton Mo.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INFLUENZA</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 Months</u> | | | | | | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | <u>481X</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from <u>15 Feb. 1950</u> to <u>12 April 1950</u> , that I last saw the deceased alive on <u>12 April 1950</u> and that death occurred at <u>7:10 PM.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. W. Galbreath M.D.</u> | | | | 23b. ADDRESS <u>Urich, Mo.</u> | | 23c. DATE SIGNED <u>13 April 50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-14 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Urich Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Urich Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>April 14 50</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 422 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Arnold</u> | | ADDRESS <u>Creighton, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

420
1

0961 9 NOV

012 107422

RECEIVED

District Health Officer No. 7,

District File Number 3-50-383

Date Filed 4-17-50

JUL 10 1950

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 _____
Student Embalmer

Signed Herbert Arnold

Licensed Embalmer No. 3621

P. O. Address Craghton 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 this body is not embalmed, fact should be so stated above.