

STANDARD CERTIFICATE OF DEATH

12726

State File No.

FILED APR 28 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5505 Registrar's No. 13

420

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bogard</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard township</u>	
c. LENGTH OF STAY (in this place) <u>60 years</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) _____ c. (Last) <u>Eggers</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-14-1864</u>
9. AGE (In years last birthday) <u>88</u>		10. UNDER 1 YEAR Days <u>2</u> Hours <u>5</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Knox County Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew J. Eggers</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Ann Moore</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Eggers-Craigton, Mo.</u> ADDRESS _____			
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>Cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>One week</u>		<u>15 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4500</u>	
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) _____		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>2-15, 1952</u> , to <u>4-19, 1952</u> , that I last saw the deceased alive on <u>4-10, 1952</u> , and that death occurred at <u>7:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert Arnold</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Garden City Mo</u>	
23c. DATE SIGNED <u>7 April 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-21-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wrich Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wrich Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April-21-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u> <u>4320</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Arnold</u>		ADDRESS <u>Craigton Mo.</u>	

2551 07 766

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 _____

working under my personal supervision.

Student Embalmer No. 460

Signed Erwin R. Arnold
Student Embalmer

Signed Robert Arnold
Licensed Embalmer No. 7312
P. O. Address Craighton 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.