

FILED AUG 10 1955

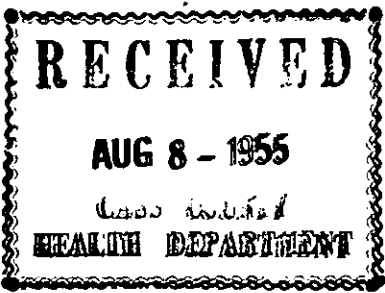
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21454**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5218** Registrar's No. **111**

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cass</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Big Creek Twp.</b>   |   | c. CITY OR TOWN <b>Creighton</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1 mile S. Cass-Jackson Co. Line Highway # 71 By-pass</b>   |   | e. STREET ADDRESS (If rural, give location) <b>23/4 miles E. Bogard Twp.</b>  |   |
| 3. NAME OF DECEASED (Type or Print) <b>Robert Lynn Eggers</b><br>a. (First) b. (Middle) c. (Last)  |   |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>July 31 1955</b>   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>   | 8. DATE OF BIRTH <b>June 19, 1935</b>   |
| 9. AGE (In years last birthday) <b>20</b>  |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Creighton, Missouri</b>   |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |   | 13. FATHER'S NAME <b>Clarence W. Eggers</b>   |   |
| 13b. MOTHER'S MAIDEN NAME <b>E Cecil Laura Gooch</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>Never Married</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |   | 16. SOCIAL SECURITY NO. <b>488-38-5141</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clarence W. Eggers Creighton, Missouri</b>   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.          |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Auto TRAUMA</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>E8164<br/>26</b> |   |
| 19a. DATE OF OPERATION   |   | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>019</b>                                       |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>           | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Big Creek Twp. Cass, Missouri</b>  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 31 5:30 AM</b>   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>Auto Accident Road on Creighton</b>   |   |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:15A</b> m., from the causes and on the date stated above. |   |   |   |
| 22a. SIGNATURE (Degree or title) <b>John A. Stepler, M.D. Add. Comm.</b>   |   | 22b. ADDRESS <b>208 W. Pearl Hannibal</b>   | 22c. DATE SIGNED <b>8-1-55</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>Aug. 3, 1955</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Urlich Cemetery</b>   | 24d. LOCATION (City, town, or county) (State) <b>Urlich Missouri</b>  |
| DATE REC'D BY LOCAL REG. <b>August 2, 1955</b>   | REGISTRAR'S SIGNATURE <b>Nora Barnard</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Attorney Pres. Hausmann, Mo.</b>  | ADDRESS _____   |

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

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1955



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert W. Robinson*.....

Licensed Embalmer No. *4913*

P. O. Address *Hausmanke*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.