

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-010918**

FILED VS APR 4 1960 149 Primary Registration District No. 1002 Registrar's No. 1628 STATE FILE NUMBER

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Jackson</i>                                    |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><i>Kansas City</i>  |  | Length of stay in 1b<br><i>23 yr.</i>  | c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF HIM (NOT in hospital, give location)<br><i>Lakeside Hospital</i> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><i>10006 E. 38<sup>th</sup> Terrace</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <i>Charles</i> Middle <i>Glomer</i> Last <i>Egbert</i>             |                                  |   | 4. DATE OF DEATH<br>Month <i>3</i> Day <i>18</i> Year <i>1960</i>   |   |   |
| 5. SEX<br><i>Male</i>   | 6. COLOR OR RACE<br><i>White</i> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><i>1-15-1907</i>                                | 9. AGE (last birthday)<br><i>53</i>         | IF UNDER 1 YEAR<br>Months <i>-</i> Days <i>-</i> Hours <i>-</i> Min. <i>-</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>attendant</i> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>Service Station</i>   | 11. BIRTHPLACE (City and state or country)<br><i>Cherokee Okla.</i> | 12. CITIZEN OF WHAT COUNTRY<br><i>U.S.A</i> |   |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><i>John Egbert</i>   |  | 13b. MOTHER'S MAIDEN NAME<br><i>Dora Booth</i> |  | 14. NAME OF HUSBAND OR WIFE<br><i>Opal Egbert</i>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>No</i> |  | 16. SOCIAL SECURITY NO.<br><i>493-12-8519</i>  |  | 17. INFORMANT<br><i>Mrs. Opal Egbert</i> Address <i>10006 E. 38<sup>th</sup> Ter. K.C. Mo.</i> |  |

|  |   |                                  |
|--|---|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |   | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a)<br><i>Myocardial infarction</i>  |   | <i>1 day</i>                     |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b)<br><i>Subtotal Gastrectomy</i> | <i>8 day</i>                     |
|  | DUE TO (c)<br><i>Aneurysmal ulcer</i>     | <i>6 weeks</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.<br><input type="checkbox"/> Yes <input checked="" 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<br>Hour <i>-</i> a.m. <i>-</i> p.m. <i>-</i> Month, Day, Year <i>-</i>     |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1, 1942* to *March 18, 1960* and last saw him alive on *3-18-60*  
Death occurred at *4:00 A.* m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                               |  |   |  |
|--|-------------------------------|--|---|--|
| 22a. SIGNATURE (Degree or title)<br><i>Carl T. Moore D.O.</i>          |                               | 22b. ADDRESS<br><i>6425 E 37<sup>th</sup>, K.C. 27 Mo</i>    |   | 22c. DATE SIGNED<br><i>3-19-60</i>                                 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Removal</i>            | 23b. DATE<br><i>3-19-1960</i> | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Laurel Cemetery</i> |   | 23d. LOCATION (City, town, or county) (State)<br><i>Windsor Mo</i> |
| 24. FUNERAL DIRECTOR<br><i>C. H. Blackburn &amp; Son Inc. K.C. Mo.</i> |                               | 25. DATE RECD. BY LOCAL REG.<br><i>3-19-60</i>               | 26. REGISTRAR'S SIGNATURE<br><i>Neva Minshall</i> |  |

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF WIFE  
Moore

**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 W.C. Rivine

Licensed Embalmer No. 4879

P. O. Address N.C., M.

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.