

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11244

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>3073</u>		Registrar's No. <u>12</u>				
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>SCOTT</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>			1001			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>122 WRIGHT AVE</u>				d. STREET ADDRESS (If rural, give location) <u>122 WRIGHT AVE</u>						
3. NAME OF DECEASED (Type or Print) <u>EDWARD F. EGGIMANN</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4 1951</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>MAR 20 1874</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Days <u>15</u>	IF UNDER 11 HRS. Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FACTORY</u>		11. BIRTHPLACE (State or foreign country) <u>DUTCH TOWN MO</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>JACOB EGGIMANN</u>			13b. MOTHER'S MAIDEN NAME <u>ELISABETH NUSSBAUM</u>			14. NAME OF HUSBAND OR WIFE <u>ANNIE EGGIMANN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-09-0651</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. J. Mosbach</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, asphyxia, etc. *It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute 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>aortic stenosis</u> DUE TO (c) <u>rheumatic aortitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emotional distress</u>						INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>unknown</u> <u>unknown</u>		
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>HIX</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>Neither</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chaffee, Mo.</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>none</u>		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>Feb. 5, 1951</u> , to <u>march 19, 1951</u> , that I last saw the deceased alive on <u>mar. 25, 1951</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>H. J. Mosbach, D.O.</u>				23b. ADDRESS <u>Chaffee, Mo.</u>		23c. DATE SIGNED <u>4-7-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Chaffee, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Apr 10-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Beal Beaglehoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STUBBS' FUNERAL HOME</u>		ADDRESS <u>C. M. Smith</u> <u>CHAFFEE MO.</u>				

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

MAY 16 1951

RECEIVED APR 11 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 457-87

STATEMENT BY LICENSED EMBALMER

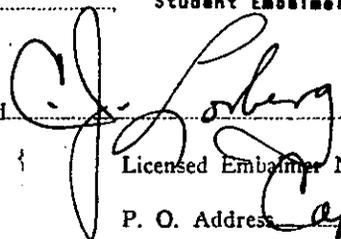
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____



Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.