

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1955

State File No. **1146**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **55-33**

1. PLACE OF DEATH a. COUNTY DADE 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DADE 0290	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAN Lockwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood Lockwood	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) RURAN R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lockwood Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) FREDRICK b. (Middle) HERMAN c. (Last) EGGEMAN			4. DATE OF DEATH (Month) (Day) (Year) MAY 7 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAY 8-1878	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 11 Days 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) VENEDY ILLINOIS	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME FRED EGGEMAN			
13b. MOTHER'S MAIDEN NAME Amelie Conzelmann		14. NAME OF HUSBAND OR WIFE HENRIETTA EGGEMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME OTTO EGGEMAN ADDRESS Lockwood Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the prostate		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b)				
		DUE TO (c)				

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 **1-8-55**, to **5-7-55**, that I last saw the deceased alive on **5-7-55**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Max Heilbrunn M.D.		23b. ADDRESS Lockwood		23c. DATE SIGNED May 9th 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 10-1955		24c. NAME OF CEMETERY OR CREMATORY MANANUEH	
24d. LOCATION (City, town, or county) (State) Lockwood MO		25. FUNERAL DIRECTOR'S SIGNATURE R.F. Henschel ADDRESS Lockwood Mo			
DATE REC'D BY LOCAL REG. 5-10-55		REGISTRAR'S SIGNATURE J. C. Canada 478			

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

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

R. L. Hanschild

Licensed Embalmer No. 3234

P. O. Address

Lothrop

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.