

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAY 11 1956

Registration District No. 119 Primary Registration District No. 4191 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GASCONADE		c. CITY OR TOWN GASCONADE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DAK ST.		d. STREET ADDRESS (If outside, give location) DAK ST	
Length of stay in lb 2 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MINNIE @. EGGENBERG			4. DATE OF DEATH APRIL 14 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 26. 1869
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Household	
11. BIRTHPLACE (City and state or country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME FRITZ BIESEMEYER		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none	
17. INFORMANT Wm F. Eggenberg		Address Morrison Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral apoplexy DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH 36 hrs. 7 da.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		334x	
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 Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 Mar. 9, 1955 , to Apr. 14, 1956 and last saw her alive on Apr. 14, 1956 . Death occurred at 6:14 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lf. G. Jeter, M.D. (Degree or title)		22b. ADDRESS Hermann, Mo.	
22c. DATE SIGNED 4/17/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) BORIAL		23b. DATE 4/17/1956	
23c. NAME OF CEMETERY OR CREMATORY Good Hope Cemetery		23d. LOCATION (City, town, or county) (State) Morrison Mo	
24. FUNERAL DIRECTOR Hugo H. Blumer ADDRESS Hermann Mo		25. DATE RECD. BY LOCAL REG. 4-17-56	
26. REGISTRAR'S SIGNATURE Delma Gerken			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Hugott Permin

Licensed Embalmer No. 3

P. O. Address *Herman*

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