

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024919

FILED VS AUG 5 1959

Registration District No. 729 Primary Registration District No. _____ Registrar's No. 31

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>							
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) <u>OREGON (RURAL) Lewis Township</u>		Length of stay in 1b <u>23 months</u>		c. CITY OR TOWN <u>Oregon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>LENA</u> Middle <u>ELIZABETH</u> Last <u>EGGER</u>				4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1959</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/8/1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Holt County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>George L. Hornecker</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Anna Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Adolph Egger</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go on or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mrs. Merrill Noellsch, Oregon, Mo.</u>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <u>Coronary Thromboses</u>		<u>1 hour</u>		
							DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>Unknown</u>		
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. <input type="checkbox"/> Yes <input 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 Hour _____ a.m. _____ p.m. _____		Month, Day, Year									
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 <u>July 15, 1954</u> to <u>July 26, 1959</u> and last saw her alive on <u>July 26, 1959</u> Death occurred at <u>3 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>J. F. Sweeney</u> (Degree or title) <u>M.D.</u>					22b. ADDRESS <u>Oregon, Missouri</u>				22c. DATE SIGNED <u>7/28/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/28/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oregon Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Oregon, Missouri</u>					
24. FUNERAL DIRECTOR <u>James N. Pettigrew</u> ADDRESS <u>Oregon, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7/29/59</u>		26. REGISTRAR'S SIGNATURE <u>Marjorie Riser</u> <u>deputy</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon

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.