

**FILED** OCT 26 1971

**CERTIFICATE OF DEATH**

Registration District No. 13 Primary Registration District No. 3002 Registrar's No. 128

DO NOT WRITE ON THIS STUD

- 9. 1
- 10a. 85
- 10b.
- 11. 0
- 12. 2
- 13. 4123
- 14. 4
- 15. 9
- 16.
- 17.
- 18. 0
- 19. CREDITS
- 20. 2-0

VS 300  
Rev. 1/70

4. 0055

5. 02

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0550

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>Olga M. EGGEMAN</u>		<u>Female</u>	<u>October 16, 1971</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. <u>White</u>	5a. <u>85</u>	5b. <u>0</u>	6. <u>July 20, 1886</u>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7a. <u>Monett</u>		7b. <u>Yes</u>	
7c. <u>St. Vincent Hospital</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Missouri</u>	9. <u>USA</u>	10. <u>Widowed</u>	11.
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. <u>488-56-8146</u>	13a. <u>Housewife</u>	13b.	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. <u>Mo.</u>	14b. <u>Lawrence</u>	14c. <u>Verona</u>	14d.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. <u>August Fyr</u>		16. <u>Matilda Peterson</u>	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. <u>Carl Hultgren</u>		17b. <u>1401 6th St., Monett, Mo. 65708</u>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) <u>Pneumonia, Basilar right</u>			<u>1 week</u>
DUE TO, OR AS A CONSEQUENCE OF:			
(b) <u>Arteriosclerotic Heart Disease</u>			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) <u>Generalized arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)			AUTOPSY (YES OR NO)
<u>Sealift</u>			19a.
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.	20f.	20g.	20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. ATTENDED THE DECEASED FROM	<u>10-14-71</u>	21b. TO	<u>10-16-71</u>
21c. DECEASED FROM		21d. DID	<u>10-16-71</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.	22b.	22c.	22d.
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>F. R. ESPARRAGO</u>	23b. <u>[Signature]</u>	23c. <u>M.D.</u>	23d. <u>10-18-71</u>
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
23a.	23b. <u>301 Euclid</u>	23c. <u>Monett Mo.</u>	23d.
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. <u>Burial</u>	24b. <u>Spring River Cem.</u>	24c. <u>Verona, Missouri</u>	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
24a. <u>10/19/71</u>	24b. <u>Buchanan Funeral Home, 301 Euclid, Monett, Mo. 65708</u>	24c.	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>[Signature]</u>	25b. <u>[Signature]</u>	25c. <u>10-21-71</u>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

NOV 15 1977

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 Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pease City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.