S. No. 300
v. 10.48

FILED FEB 23 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3991

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 20

**1. PLACE OF DEATH**
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
c. LENGTH OF STAY (in this place): 2 Mo 24 Ds
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Butler Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
d. STREET ADDRESS (If rural, give location): 211 Ft. Scott St

**3. NAME OF DECEASED** (Type or Print)
a. (First): Eva
b. (Middle): Belle
c. (Last): Eggleson

**4. DATE OF DEATH** (Month) (Day) (Year): Feb 8-12-49

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 6-14-1882
**9. AGE** (In years last birthday): 66 — IF UNDER 1 YEAR: Months 7, Days 28 — IF UNDER 24 HRS.: 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**: Home
**11. BIRTHPLACE** (State or foreign country): Blue Mound, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: James Duffenlaugh
**13b. MOTHER'S MAIDEN NAME**: Mary E. Sailbury
**14. NAME OF HUSBAND OR WIFE**: Will Eggleson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: ----
**17. INFORMANT'S SIGNATURE OR NAME**: Charles Robertson — ADDRESS: Butler, Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lungs — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) metastasis from breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

170X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* May 1932, *to* Feb 12, 1949, *that I last saw the deceased alive on* Feb 12, 1949, *and that death occurred at* 2:55P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): L. D. Laffue, M.D.
**23b. ADDRESS**: Butler, Mo.
**23c. DATE SIGNED**: Feb-14-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb-14-49
**24c. NAME OF CEMETERY OR CREMATORY**: Oakhill Cemetery
**24d. LOCATION** (City, town, or county) (State): Butler, Missouri

**DATE REC'D BY LOCAL REG.**: Feb 14-49
**REGISTRAR'S SIGNATURE**: Kendall Kerney 17 o
**25. FUNERAL DIRECTOR'S SIGNATURE**: John G Underwood — ADDRESS: Butler Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 1-49-120
Date Filed 2-21-49

## 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 Horace K. Hill, Student Embalmer No. 296, working under my personal supervision.

Signed Horace K. Hill
Student Embalmer

Signed John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler, Missouri

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.

Robert D. Steinbeck
L.E. No. 4657