

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

State File No. 29398

FILED SEP 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>5819</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paris Versailles Osage</u>		c. LENGTH OF STAY (in this place) <u>1945</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Versailles Rural Osage Town</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Road #16</u>				d. STREET ADDRESS (If rural, give location) <u>Lake Road #16</u> <u>0710</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Jahn</u> c. (Last) <u>Eagon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 28 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 13, 1888</u>		9. AGE (In years, last birthday) <u>65</u> Months <u>4</u> Days <u>15</u> Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tourist Resort</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Eagon</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Wilby</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Jessie Eagon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jessie Eagon, Versailles, Mo.</u> ADDRESS _____			
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) <u>Acute dilatation of heart</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusions (Multiple)</u> <u>Coags.</u>						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac decompensation</u>					<u>1 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) _____ m.		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 <u>Jan. 1953</u> to <u>Aug 28, 1953</u> , that I last saw the deceased alive on <u>Aug 25, 1953</u> and that death occurred at <u>9:45 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jack Linn M.D.</u>				23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>8-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Country) <u>Removed to Chicago</u>		24b. DATE <u>Aug. 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mr. Olivet Cemetery, Kansas City, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>Sept 1, 1953</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. E. Quirk</u>		ADDRESS <u>Funeral Home 4366 Prospect Ave., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 23 1955

VS  
MAR 29 1960

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.