

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH4198  
State File No. ....

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4072 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Linn Creek, Cass Co., Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Linn Creek</u>	c. LENGTH OF STAY (In this place) <u>90</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Linn Creek, Mo</u> <u>2-15-0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thomas &amp; Boyd Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>M. Rowan E. Egan</u>	a. (First) <u>M</u>	b. (Middle) <u>R</u>	c. (Last) <u>Egan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-18-54</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 12 - 1853</u>	9. AGE (In years last birthday) <u>100</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>6</u>	Hours <u></u>	Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Balton Village, Canada</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Thomas Egan</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline - East</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. M. Egan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mrs. M. Egan, Linn Creek, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Family</u>		INTERVAL BETWEEN ONSET AND DEATH <u>177</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>794 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1953 1953 to 2-18, 1954, that I last saw the deceased alive on 2-17, 1954, and that death occurred at 4:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. L. Linn</u>	(Degree or title)	23b. ADDRESS <u>Cass Co., Mo</u>	23c. DATE SIGNED <u>2-18-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn</u>	24d. LOCATION (City, town, or county) (State) <u>Linn Co., Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 18-1954</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>	42-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Buffalo Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 23 1956

**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

*Leonard B. Jones*

Licensed Embalmer No. *2508*

P. O. Address *Buffalo, 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 this body is not embalmed, fact should be so stated above.