

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

State File No. ....

FILED AUG 27 1954

0220

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

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>5235</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Benton</u>		c. LENGTH OF STAY (in this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Benton</u>		<u>200</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>4th N.E. Jervis Ave.</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>LEROY</u> b. (Middle) <u>EGGLESON</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>8-10-1954</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>		9. AGE (in years) (last birthday) Months Days Hours Mins. <u>86</u> <u>4</u> <u>5-</u>		
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>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County, Mo</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>ASA EGGLESON</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>			14. NAME OF HUSBAND OR WIFE <u>MATTIE ANN EGGLESON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. B. Eggleston, Jervis Mo</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poison</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Prostatic Infection</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>10 Day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6/2x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>8-1</u> , 19 <u>54</u> , to <u>8-10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-9</u> , 19 <u>54</u> , and that death occurred at <u>4:23 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>G. B. Barnister, MD</u>				23b. ADDRESS <u>Jervis Mo</u>		23c. DATE SIGNED <u>8-10-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hall Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>3rd N. Jervis Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-26-54</u>		REGISTRAR'S SIGNATURE <u>Norma Zimmerman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Long</u>		ADDRESS <u>Jervis Mo</u>		



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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. 3714

P. O. Address Jersey City, N.J.

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.