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FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41229

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon R.R. Mt. Vernon
c. LENGTH OF STAY (in this place): Native
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Mt. Vernon
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D. 0550

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Magdelene
c. (Last): Eggeman

4. DATE OF DEATH (Month) (Day) (Year): 12-28-1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-20-1887
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 9, Days 8 — 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:
11. BIRTHPLACE (City and State or Foreign Country): Mt. Vernon R.R. - Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Juianus Jackson
13b. MOTHER'S MAIDEN NAME: Francis Murrell
14. NAME OF HUSBAND ~~OR WIFE~~: Will Eggeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr. Will Eggeman — ADDRESS: Mt. Vernon R.R. 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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition & Debilitation — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinomatosis — 3 years
DUE TO (c): Primary Carcinoma of Breast — 3 years

11. 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: 170X
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* March 1, 1954, *to* Dec 28, 1955, *that I last saw the deceased alive on* Dec 28, 1955, *and that death occurred at* 5 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold E George (Degree or title) DO
23b. ADDRESS: Mt Vernon Mo
23c. DATE SIGNED: 12/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-30-1955
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Salem
24d. LOCATION (City, town, or county) (State): N.W. of Mt. Vernon Mo.

DATE REC'D BY LOCAL REG.: Jan 5, 1956
REGISTRAR'S SIGNATURE: Cecil Hendricks 411-10
25. FUNERAL DIRECTOR'S SIGNATURE: Morris Leiman — ADDRESS: Miller Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. G. R. Lemon

Licensed Embalmer No. 32

P. O. Address Miller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.