S. No. 300
v. 10.48

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9900

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 46

1. PLACE OF DEATH (Rural Mooney)
a. COUNTY Polk Township
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Halfway
c. LENGTH OF STAY (in this place) 48 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 10 Miles South East of Halfway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Halfway Rural Mooney Twp.
d. STREET ADDRESS (If rural, give location) 10 Miles S.E. of Halfway

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Barney c. (Last) Eagon

4. DATE OF DEATH (Month) (Day) (Year) Mar. 18, 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 25, 1880
9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months 5 Days 21 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Eagon
13b. MOTHER'S MAIDEN NAME Hannah Chart
14. NAME OF HUSBAND OR WIFE Stella Ethel Eagon

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 Mrs. Stella E. Eagon ADDRESS Halfway 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) Acute heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis
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: 4222

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* July, 1949 *to* Mch, 1950, *that I last saw the deceased alive on* Mch 10, 1950, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE D C McCraw (Degree or title) MD
23b. ADDRESS Bolivar Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 24, 1950
24c. NAME OF CEMETERY OR CREMATORY Rock Prairie Cemetery
24d. LOCATION (City, town, or county) East of Pleasant Hope, Mo. (State)

DATE REC'D BY LOCAL REG. Mar 25, 1950
REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon
25. FUNERAL DIRECTOR'S SIGNATURE Willard B. Evans ADDRESS Pleasant Hope 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 250-298
Date Filed 3-22-50

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 Willard D. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.