

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28049**

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **5592** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) FESTUS, MO		c. CITY OR TOWN FESTUS, MO	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 17 DAYS		e. STREET ADDRESS (If rural, give location) 113 No. 3RD. 0502 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION MOUNTAIN VIEW CONVALESCENT HOME			

3. NAME OF DECEASED a. (First) JARAH b. (Middle) ANN c. (Last) MEGAHAN		4. DATE OF DEATH (Month) (Day) (Year) 8 - 17 - 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH APRIL 8, 1880
9. AGE (In years last birthday) 74 Months 4 Days 9		10. 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) EAST BONNE TERRE MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME JOHN B. BLANKENSHIP		13b. MOTHER'S MAIDEN NAME LOUISA A. FAUSTER		14. NAME OF HUSBAND OR WIFE JOSEPH R. MEGAHAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME J. G. Higgins, 113 No. 3rd, Festus, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 78 months	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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		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)		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 **Dec 26, 1950**, to **August 17, 1954**, that I last saw the deceased alive on **August 17, 1954**, and that death occurred at **4:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE J. G. Higgins, M.D. (Degree or title)		23b. ADDRESS 112 Mississippi Crystal City, Mo		23c. DATE SIGNED 8-19-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 21, 1954		24c. NAME OF CEMETERY OR CREMATORIUM PARKVIEW		24d. LOCATION (City, town, or county) (State) Near Farmington MO	
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DATE REC'D BY LOCAL REG. 8-23-54		REGISTRAR'S SIGNATURE Jesse C. [Signature]		502 FEDERAL DIRECTOR'S SIGNATURE Raymond Caldwell		ADDRESS 1218 Wagon	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

500
4

SEP 16 1954

SEP 1 1954

DATE RECEIVED

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

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.....
Signature of Student Embalmer

Signed *R. Caldwell*

Licensed Embalmer No. *255*

P. O. Address *Flat R W*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.