

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

State File No. **2421**

No. 300
10-48

FILED JAN 23 1958

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015** Registrar's No. **177**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Salt Spring Twp.		c. LENGTH OF STAY (in this place) 8 months	c. CITY OR TOWN Huntsville d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION South of Huntsville.		e. STREET ADDRESS (If rural, give location) Oak Street	

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Lucille c. (Last) Eager			4. DATE OF DEATH (Month) (Day) (Year) January 17 1956			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 12-26-1894	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) telephone operator		10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.		11. BIRTHPLACE (City and State or Foreign Country) / Brown County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Albert E. Clark		13b. MOTHER'S MAIDEN NAME Mary Ellen Bell		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dorsey Marshall: R#3: Huntsville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER of Cervix		
	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. 171X			

19a. DATE OF OPERATION 1953		19b. MAJOR FINDINGS OF OPERATION CANCER of Cervix		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 Oct 10, 1953, to Jan 17, 1956, that I last saw the deceased alive on Jan 17, 1956, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. V. Dreyer M.D.		23b. ADDRESS Huntsville, Mo.		23c. DATE SIGNED 1/19/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-19-1956		24c. NAME OF CEMETERY OR CREMATORY Huntsville City Cemetery	
		24d. LOCATION (City, town, or county) (State) Huntsville, Missouri			

DATE REC'D BY LOCAL REG. 1-19-1956		REGISTRAR'S SIGNATURE Mary H. Bentley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Patton & Sons, Huntsville, Mo.	
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(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul Patton*.....

Licensed Embalmer No... *409*

P. O. Address *Huntsville*.....

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.