

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15808

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>4106</u>		Registrar's No. <u>51</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) OR TOWN <u>Jerico Spg.</u>		c. LENGTH OF STAY (in this place) <u>6-7</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Spg.</u>		d. STREET ADDRESS (If rural, give location) <u>0200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>BRENDA-KAY-EGGLESON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-1956</u>				
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>7-14-1948</u>	9. AGE (in years last birthday) <u>7</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>14</u>	11. UNDER 100 Hrs. Hours <u>14</u> Mins.	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Jerico Spg. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>EGGLESON</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA-LORENE-FRIEZE</u>		14. NAME OF HUSBAND OR WIFE <u>Tom</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. B. C. Eggleston, Jerico Spg. 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>Pulmonary Thromboses</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis Deformans</u> 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>2 Day</u> <u>3 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7230		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) m.		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>April 12, 1956</u> , to _____, 19____, that I last saw the deceased alive on <u>5-29, 1956</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Bannister M.D.</u>				23b. ADDRESS <u>Jerico Springs</u>		23c. DATE SIGNED <u>5-29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-31-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hal Crest</u>		24d. LOCATION (City, town, or county) (State) <u>3 N - Jerico Spg. Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-4-56</u>		REGISTRAR'S SIGNATURE <u>Lydia H. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. R. Long, Jerico Spg.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

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 _____

John P. Long

Licensed Embalmer No. 3714

P. O. Address Union Ave, 70

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.