

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22847**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **770**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 2 Weeks	c. CITY OR TOWN Maysville
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 2320 1	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY	b. (Middle) FLOYD	c. (Last) EGGLESTON	4. DATE OF DEATH (Month) (Day) (Year) July 12 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) DeKalb County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Eggleston	13b. MOTHER'S MAIDEN NAME Carrie Pittsenbarger	14. NAME OF HUSBAND OR WIFE Iva Ruth Eggleston
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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. 493-42-3190	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Eggleston, Maysville Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	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. Pneumonitis		4 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **6-28, 1956 to 7-12, 1956** that I last saw the deceased alive on **7-12**, 19**56** and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Martin H. Christ MD	23b. ADDRESS St. Joseph, Mo. 6106 Kuykendall	23c. DATE SIGNED 7-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/12-56	24c. NAME OF CEMETERY OR CREMATORY Fairport	24d. LOCATION (City, town, or county) (State) Fairport Missouri
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DATE REC'D BY LOCAL REG. July 19, 1956	REGISTRAR'S SIGNATURE Evelyn M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pilcher Funeral Home Maysville Mo.
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UNFADING BLACK INK—MAKE A PERMANENT RECORD

WRITE PLAINLY—USING

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.....

C. T. Pilcher

Licensed Embalmer No....3960.....

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