

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38730

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 574 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Eagle)		c. LENGTH OF STAY (in this place) 5 yrs.	c. CITY OR TOWN Rural Eagle		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Macon			e. STREET ADDRESS (If rural, give location) R.F.D. Macon 0610		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Telitha	b. (Middle) Margaret	c. (Last) Myers	Nov. 10 1956		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 30, 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Atlanta, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John W. Brockman	13b. MOTHER'S MAIDEN NAME Sarah E. Hamilton	14. NAME OF HUSBAND OR WIFE Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lyndell Jones	ADDRESS Macon, 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia		6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-renal insufficiency DUE TO (c)		3 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Poor general nutrition		6 months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X	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)
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 **Oct. 30**, 19**56**, to **Nov. 9**, 19**56**, that I last saw the deceased alive on **Nov. 9**, 19**56**, and that death occurred at **1:30A** m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Donald E. Eggleston M.D.	23b. ADDRESS Macon, Missouri	23c. DATE SIGNED 26 Nov 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 13 1956	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem.	24d. LOCATION (City, town, or county) (State) Macon, Mo.
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DATE REC'D BY LOCAL REG. Nov 28/56	REGISTRAR'S SIGNATURE Ruth M. Neely	25. FUNERAL DIRECTOR'S SIGNATURE Lester Hutton	ADDRESS Macon, Mo.
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

FEB 7 1957

Date Filed 11-20-57

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..... Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macow, N

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.