

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44738**

FILED JAN 21 1957

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4260 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Baring	c. LENGTH OF STAY (in this place) 13 yrs	c. CITY OR TOWN Baring	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 Baring, Missouri		STREET ADDRESS (If rural, give location) 520	

3. NAME OF DECEASED (Type or Print)	a. (First) Hannah	b. (Middle) Ellen	c. (Last) Eagen	4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1956
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 25 1864	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
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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 housekeeper	11. BIRTHPLACE (City and State or Foreign Country) Cincinnati Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Bernard Ludden	13b. MOTHER'S MAIDEN NAME Ann Killday	14. NAME OF HUSBAND OR WIFE Micheal Eagen
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Noonning	ADDRESS Baring 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) Fracture of rib 11/16		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) (Min)	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 not present at time of death, to 19, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE E. J. Dennis D.O.	(Degree or title)	23b. ADDRESS Baring Mo	23c. DATE SIGNED 1/3/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 2 1957	24c. NAME OF CEMETERY OR CREMATORY St. Mary cemetery	24d. LOCATION (City, town, or county) (State) Adair Missouri
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DATE REC'D BY LOCAL REG. Jan 18 1957	REGISTRAR'S SIGNATURE Helle A. Hunolt	25. FOREMAN-DIRECTOR'S SIGNATURE Bob Casper	ADDRESS Hurdland Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Geo. H. ...*

Licensed Embalmer No. *375*

P. O. Address *Hudson*

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.