

FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2125**

BIRTH NO. _____ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **5844** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY OR TOWN Rural Seneca twp	c. LENGTH OF STAY (in this place) 1 mo.	c. CITY OR TOWN Rural Seneca twp.	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 8 mi. NW of Seneca		e. STREET ADDRESS (If rural, give location) 8 mi. NW of Seneca	

3. NAME OF DECEASED (Type or Print) Ivan LeRoy Eagleston	a. (First) Ivan b. (Middle) LeRoy c. (Last) Eagleston	4. DATE OF DEATH Jan. 12, 1957
-----------------------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------

5. SEX Male	6. COLOR OR RACE wht.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar.	8. DATE OF BIRTH Jan. 10, 1899	9. AGE (In years last birthday) 57	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Castleton, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-----------------------------------------------------------------------------------------------------------	-----------------------------------------	-------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME Herman Eagleston	13b. MOTHER'S MAIDEN NAME Lillian Smith	14. NAME OF HUSBAND OR WIFE Elva
--------------------------------------------	------------------------------------------------	-----------------------------------------

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. 441-03-0980	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elva Eagleston, rt 2, Seneca Mo	ADDRESS _____
--------------------------------------------------------------------------------------------------------------------	--------------------------------------------	-------------------------------------------------------------------------------	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) valvular deficiency DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 2 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) 4214
------------------------------------------------	------------------------------------------------------------------------------------------------	-------------------------------------------------------------

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? _____
--------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to **Jan 10, 1957**, that I last saw the deceased **dead** on **1-12, 1957**, and that death occurred at **6:15pm.**, from the causes and on the date stated above.

23a. SIGNATURE M.S. Mendelhall MD	(Degree or title) _____	23b. ADDRESS Seneca Mo	23c. DATE SIGNED 1/16/57
------------------------------------------	-------------------------	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/14/57	24c. NAME OF CEMETERY OR CREMATORY Granby Cemetery	24d. LOCATION (City, town, or county) (State) Granby, Missouri
---------------------------------------------------------	--------------------------	-----------------------------------------------------------	-----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 1-17-57	REGISTRAR'S SIGNATURE Mrs. Irene Russell	25. FUNERAL DIRECTOR'S SIGNATURE W.E. Beddison	ADDRESS Seneca Mo
-----------------------------------------	-------------------------------------------------	-------------------------------------------------------	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

486

RECEIVED

District Health Officer No. Newton

District File Number 157-21

Date Filed JAN 22 1957

FEB
5 1957

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 W. E. Beddlem

Licensed Embalmer No. 2170

P. O. Address Seneca

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.