

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9350

STATE FILE NUMBER

Registration District No.

200

Primary Registration District No.

3041

Registrar's No.

33

1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Macon

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

901 Martin

Length of stay in 1b  
1 1/2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Randolph

c. CITY  
OR  
TOWN

Jacksonville

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

0880 (If outside, give location)  
0

Reside on Farm  
Yes ☐ No ☒

3. NAME OF  
DECEASED  
(Type or print)

First

Middle

Last

Elizabeth Eberle Anderson

4. DATE  
OF  
DEATH

Month

Day

Year

Mar. 18 1957

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH

Mar. 19, 1865

9. AGE (In years  
last birthday)

91

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

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 country)

Glasgow, Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

J.G. Eberle

14. MOTHER'S MAIDEN NAME

Johanna Kitchen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

No.

16. SOCIAL SECURITY NO.

No.

17. INFORMANT

Address

Mrs. Chas Marsh Macon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

4 hrs.

years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

4201

19. WAS AUTOPSY  
PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF  
INJURY

Hour Month, Day, Year  
a. m.  
p. m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1955, to March 1957 and last saw her alive on Mar 18, 1957  
Death occurred at 10:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald E Eggleston

22b. ADDRESS

Macon, Missouri

22c. DATE SIGNED

20 Mar 57

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

Mar 20, 1957

23c. NAME OF CEMETERY OR CREMATORY

Grand Prairie Cem.

23d. LOCATION (City, town, or county)

Randolph County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Lester Hutton Macon, Mo.

25. DATE RECD. BY LOCAL REG.

3-20-57

26. REGISTRAR'S SIGNATURE

Cliff McNeely

County File No. 3-57-37  
Date Filed 3-25-57

### 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. Tutton

Licensed Embalmer No. 45

P. O. Address Macon, Ga.

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.