

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008191

STATE FILE NUMBER

Registration District No. 99 Primary Registration District No. 4168 Registrar's No. 15

AMENDED

FILED MAR 28 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

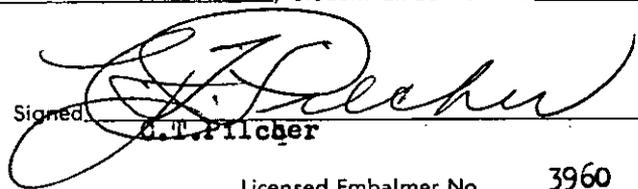
BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY DeKalb	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maysville	a. STATE Mo	b. COUNTY DeKalb
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		c. CITY OR TOWN Maysville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb 15Yrs.		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Middle Last MAGGIE PEARL EGGLESTON			Month Day Year March 14 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/26-1887
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clinton Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME John T. Dixon	
13b. MOTHER'S MAIDEN NAME Julia Henderson		14. NAME OF HUSBAND OR WIFE Harvey Eggleston	
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.	
17. INFORMANT Mrs. Chas Ellis, Maysville Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Hemorrhage			14 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			15 yrs.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 s.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 1942 to 3/14/61 and last saw her 3/14/61 alive on 3/14/61 Death occurred at 3:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Harold Jacobson M.D.		22b. ADDRESS Maysville Mo.	22c. DATE SIGNED 3/16-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/16-61	23c. NAME OF CEMETERY OR CREMATORY Fairport	23d. LOCATION (City, town, or county) (State) Fairport Mo.
24. FUNERAL DIRECTOR Pilcher Funeral Home		ADDRESS Maysville Mo	25. DATE RECD. BY LOCAL REG. 3-21-61
26. REGISTRAR'S SIGNATURE Herlie E. Davidson			

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  _____
G. T. Fischer

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.