

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33670**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3028** Registrar's No. **225**

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MOORE'S Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>901 N 2nd st</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>KATE</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>JEGGLIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 13 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>wid</b>	8. DATE OF BIRTH <b>APRIL 26 1866</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>HENRY CO MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>MORTIMER HUKIL</b>	13b. MOTHER'S MAIDEN NAME <b>ELLEN CHRISTIAN</b>	14. NAME OF HUSBAND OR WIFE <b>AUGUSTAS</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>170</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jena Zellhoner</b>	ADDRESS <b>Clinton Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>1798</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Starvation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignant tumor unclassified</b> DUE TO (c) <b>of tongue &amp; throat</b>		
11. 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? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **11/7**, 1949 to **10/12**, 1949 that I last saw the deceased alive on **10/11**, 1949, and that death occurred at **10 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. C. Peeler M.D.</b>	(Degree or title)	23b. ADDRESS <b>Clinton Mo</b>	23c. DATE SIGNED <b>10/13/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/15/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct-15-49</b>	REGISTRAR'S SIGNATURE <b>Florence Adams</b>	422	25. FEDERAL DIRECTOR'S SIGNATURE <b>E. Consalvo</b>	ADDRESS <b>Clinton Mo</b>
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**RECEIVED**

**District Health Officer No. 71**

District File Number 9-49-123

Date Filed 12-17-29

**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 \_\_\_\_\_  
Student Embalmer

Signed

*Eugene R. Consalvo*

Licensed Embalmer No. 4680

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.