

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29816

State File No.

FILED SEP 22 1951

77

3016

240

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE			
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON CITY, MO.		c. LENGTH OF STAY (In this place) 3 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON CITY		0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL				d. STREET ADDRESS (If rural, give location) 1301 E. ELM.			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE PETER b. (Middle) JAGERS c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 15, 1951				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 14, 1983	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Days 6	IF UNDER 24 HRS. Hours 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY INTERNATIONAL SHOE		11. BIRTHPLACE (State or foreign country) LOOSE CREEK, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME PETER JAGERS		13b. MOTHER'S MAIDEN NAME BARBARA DUDENHOEFFER		14. NAME OF HUSBAND OR WIFE MARTHA MERTENS			
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. 499-30-5408		17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Martha Jagers</i>		ADDRESS J. C. MO.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Phlebotomy from Esophageal Varices</i> DUE TO (b) <i>Esophageal Varices</i> DUE TO (c) <i>Cerebrosis of the Liver</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810				20. AUTOPSY? 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)			
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?			
22. I hereby certify that I attended the deceased from <i>April</i> , 19 <i>49</i> , to <i>Sept 15</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Sept. 15</i> , 19 <i>51</i> , and that death occurred at <i>10:30 P.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>R. P. Davis M.D.</i>				23b. ADDRESS <i>Jefferson City, Mo.</i>		23c. DATE SIGNED <i>9/17/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 18, 1951		24c. NAME OF CEMETERY OR CREMATORY LOOSE CREEK		24d. LOCATION (City, town, or county) (State) LOOSE CREEK, MO.	
DATE REC'D BY LOCAL REG. <i>Sept 18-1951</i>		REGISTRAR'S SIGNATURE <i>R. P. Davis M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Sylvester Dulle, J. C. MO.</i>			

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

RECEIVED 9-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-21-51

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 _____

Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address *Jefferson City 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.