

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32847

State File No. \_\_\_\_\_  
Registrar's No. 84

FILED OCT 17 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5181

0160

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). c. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>	
b. CITY OR TOWN <u>Daisy Mo</u>		c. CITY OR TOWN <u>Daisy Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Daisy Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0160</u>	

3. NAME OF DECEASED (Type or Print) <u>Goldia</u>	a. (First)	b. (Middle) <u>Mae</u>	c. (Last) <u>Jaeger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W</u>	8. DATE OF BIRTH <u>May 2 1948</u>	9. AGE (In years last birthday) <u>3</u>	10 UNDER 1 YEAR <u>5</u> Months	10 UNDER 1 YEAR <u>6</u> Days	10 UNDER 1 YEAR _____ Hours	10 UNDER 1 YEAR _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Louis Jaeger</u>	13b. MOTHER'S MAIDEN NAME <u>Mae Crites</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Jaeger Daisy Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? 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) (Min.)	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 Aug. 22, 1951, to Oct. 1, 1951, that I last saw the deceased alive on Oct. 1, 1951, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. G. Cannon M.D.</u> (Degree or title)	23b. ADDRESS <u>Dexter, Mo.</u>	23c. DATE SIGNED <u>10/9/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 9 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>	24d. LOCATION (City, town, or county) (State) <u>Daisy Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-10-51</u>	REGISTRAR'S SIGNATURE <u>D. G. Leebert</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>McCombs Turner &amp; Hud Co</u>	ADDRESS <u>Jackson Mo</u>
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RECEIVED

OCT 16 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

working under my personal supervision.

Student Embalmer No.....

*Not Embalmed,*

Signed *BA Meyer*

Signed.....

Student Embalmer

Licensed Embalmer No. *3051*

P. O. Address *Jackson 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.