

STANDARD CERTIFICATE OF DEATH

State File No. **12753**

FILED APR 29 1952

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5546 Registrar's No. 42

1. PLACE OF DEATH
 a. COUNTY Howard
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Franklin Township
 c. LENGTH OF STAY (In this place) 48 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R. R. 2 Fayette, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Howard
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Franklin Township
 d. STREET ADDRESS (If rural, give location) R.R. 2 Fayette, Mo.

3. NAME OF DECEASED
 a. (First) Mary b. (Middle) Louise c. (Last) Jaeger

4. DATE OF DEATH (Month) (Day) (Year)
April 25, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
3/21/1881

9. AGE (In years last birthday)
71

IF UNDER 1 YEAR
 Months 1 Days 4

IF UNDER 12 HRS.
 Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Chamois Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Jule Callais

13b. MOTHER'S MAIDEN NAME
Catherine Messerle

14. NAME OF HUSBAND OR WIFE
Otto Jaeger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
No.

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Otto Jaeger R.R.2 Fayette, 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* (a) Malignancy of breast
 ANTECEDENT CAUSES
 Morbid 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.
Metastasis to neck

INTERVAL BETWEEN ONSET AND DEATH
2 yrs
6 mos

19a. DATE OF OPERATION
None

19b. MAJOR FINDINGS OF OPERATION
170 X

20. AUTOPSY?
 YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27, 1952 to April 20, 1952, that I last saw the deceased alive on 4-20-1952 and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Dr. J. Shaw M.D.

23b. ADDRESS
Fayette Mo.

23c. DATE SIGNED
4-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
4/27/1952

24c. NAME OF CEMETERY OR CREMATORY
Mt. Pleasant Cemetery

24d. LOCATION (City, town, or county) (State)
New Franklin Mo.

DATE REC'D BY LOCAL REG.
4-26-52

REGISTRAR'S SIGNATURE
Mary K. Shell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ralph A. Carr Fayette, Mo.

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

450
1

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.

Signed _____

Ralph A. Carr

Signed.....

Student Embalmer

Licensed Embalmer No. 3240

P. O. Address Jayette 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.