

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21114

Dr. Enloe

State File No. 784

FILED JUL 6 - 1953

REG. DIST. NO. 77

PRIMARY REG. DIST. NO. 5304

Registrar's No. 784

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Osage Twnshp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Osage Twnshp</u>	
c. LENGTH OF STAY (In this place) <u>92 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#2, Jefferson City, Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.R.#2, Jefferson City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathilda</u>		b. (Middle) <u>Marie</u>	
		c. (Last) <u>Hager</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July-25-1861</u>
		9. AGE (In years last birthday) <u>91</u>	10. MONTHS <u></u> DAYS <u></u> HOURS <u></u> MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Goetz</u>		13b. MOTHER'S MAIDEN NAME <u>Frierica Kerl</u>	
		14. NAME OF HUSBAND OR WIFE <u>Henry Hager</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>W.J. Hager, Henley, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Hypostatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
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"/>	
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 <u>6/21</u> , 19 <u>53</u> , to <u>7/2</u> , 19 <u>53</u> that I last saw the deceased alive on <u>7/2/53</u> , and that death occurred at <u>9a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Hager</u>		23b. ADDRESS <u>Henley, Mo.</u>	
		23c. DATE SIGNED <u>7/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-5-1953</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Lutheran</u>	
		24d. LOCATION (City, town, or county) (State) <u>Honey Creek, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 3-1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris</u>	
		FURNERAL DIRECTOR'S SIGNATURE <u>W. J. Hager</u>	
		ADDRESS <u>Jefferson City, Mo</u>	

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

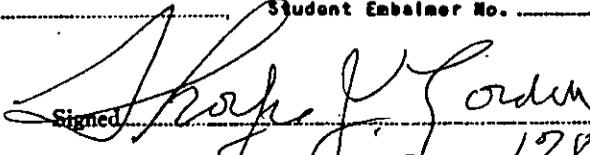
(Licensed Embalmer's Statement on Reverse Side)

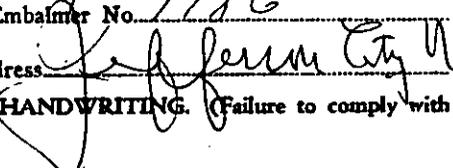
STATEMENT BY LICENSED EMBALMER

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 
Licensed Embalmer No. 1286

P. O. Address 

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.