

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19759

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 322 Primary Registration District No. 6087 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cambridge Township		c. CITY OR TOWN Cambridge Township	
c. FULL NAME OF (If no hospital or institution give location) HOSPITAL OR INSTITUTION 4 mile NE of Gilliam, Mo.		d. STREET ADDRESS 4 mile NE of Gilliam, Mo.	
Length of stay in 1b 24 yrs.		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Clara Middle Lisetta Last Jaeger			
4. DATE OF DEATH May 21, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 25, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 1 Days 26 Hours Min.
11. BIRTHPLACE (City and state or country) Nelson, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME L. C. Heuman		14. MOTHER'S MAIDEN NAME Minnie Schulte	
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. none	
17. INFORMANT Charles B. Jaeger RR#1 Gilliam, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition and Debilitation DUE TO (b) Carcinomatosis. DUE TO (c) Primary Carcinoma of Liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 155X			INTERVAL BETWEEN ONSET AND DEATH few days 1 month 5 months
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 1953 to May 21, 1957 and last saw her alive on May 21, 1957 Death occurred at 11:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. Tombo (Degree or title)		22b. ADDRESS Glasgow Mo.	
22c. DATE SIGNED 5-25-57			
23a. BURIAL, CREATION, OR REMOVAL (Specify) Burial	23b. DATE May 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Arrow Rock	
23d. LOCATION (City, town, or county) Arrow Rock, Missouri (State)			
24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo.		25. DATE RECD. BY LOCAL REG. 5-27-57	
26. REGISTRAR'S SIGNATURE Mrs. Earl C. Metz			

MAY 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Walter J. Haines, Jr.
Licensed Embalmer No. 47

P. O. Address Shate

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.