

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043480

STATE FILE NUMBER

FILED DEC 18 1958

Registration District No. 53

Primary Registration District No. 4075

Registrar's No. 561

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN

Pocahontas

Inside Limits
Yes No

c. CITY OR TOWN

Jackson

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Length of stay in lb

2 months

d. STREET ADDRESS (If outside, give location)

324 East Main

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)

First

Middle

Last

HITTIE BELLE MACKE

4. DATE OF DEATH

Month

Day

Year

Dec 2, 1958

5. SEX

Female

6. COLOR OR RACE

white

7. MARRIED NEVER MARRIED

WIDOWED 2 DIVORCED

8. DATE OF BIRTH

March 2, 1916

9. AGE (In years last birthday)

42

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

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

Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Old Appleton Mo

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Henry Sachse

13b. MOTHER'S MAIDEN NAME

Cora Whitledge

14. NAME OF HUSBAND OR WIFE

Wiley Macke

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

Wiley Macke

Address

Pocahontas 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)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED?

YES NO

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 Month, Day, Year a.m. p.m.

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 Sept. 1956, to Dec. 2, 1958 and last saw her alive on Dec 2, 1958. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. N. Jaeger, M.D.

22b. ADDRESS

Jackson, Mo

22c. DATE SIGNED

Dec 3, 1958

23a. BURIAL, CREMATION, REBURYAL (Specify)

Burial

23b. DATE

Dec 4, 1958

23c. NAME OF CEMETERY OR CREMATORY

Jackson

23d. LOCATION (City, town, or county)

Jackson Mo

(State)

24. FUNERAL DIRECTOR

W. Miller Jackson Mo

25. DATE RECD. BY LOCAL REC.

Dec 12, 1958

26. REGISTRAR'S SIGNATURE

Mrs. Homer Cooper

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every necessary precaution will be taken to prevent the transmission of any communicable disease. No symptoms will be listed. All diseases in Part I must be causally related.

53
D

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
Signature of Student Embalmer

Signed *Sam C. Craight*

Licensed Embalmer No. *4327*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.