

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004093

FILED JAN 13 1958

Registration District No. 322 Primary Registration District No. 6087 Registrar's No. 1

300  
1-57

Vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                             |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saline</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>                   |                                                                        |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Rural Cambridge Township</b>                                                                                                                                                                                                                                                                                                                                                                         |                                  | c. CITY OR TOWN <b>Cambridge Township</b>                                                                                                                   |                                                                        |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4 Mile N. E. of Gilliam, Mo.</b>                                                                                                                                                                                                                                                                                                                                                              |                                  | d. STREET ADDRESS <b>4 mile N. E. of Gilliam, Mo.</b>                                                                                                       |                                                                        |
| Length of stay in lb <b>25 yrs.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                          |                                                                        |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Charles Benjamin</b> Middle <b>Jaeger</b> Last <b>Jaeger</b>                                                                                                                                                                                                                                                                                                                                                                    |                                  | 4. DATE OF DEATH<br>Month <b>Jan.</b> Day <b>5.</b> Year <b>1959</b>                                                                                        |                                                                        |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb. 13, 1893</b>                               |
| 9. AGE (In years last birthday)<br><b>65</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | IF UNDER 1 YEAR Months Days Hours Min.                                                                                                                      |                                                                        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>                                                                                                                                                                                                                                                                                                                                                                    |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>                                                                                                            |                                                                        |
| 11. BIRTHPLACE (City and state or country)<br><b>New Haven, Missouri</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                                                                                                                  |                                                                        |
| 13a. FATHER'S NAME<br><b>Charles Jaeger</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Jacobine Frei</b>                                                                                                           |                                                                        |
| 14. NAME OF HUSBAND OR WIFE<br><b>Clara L.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WW# 1</b>                               |                                                                        |
| 16. SOCIAL SECURITY NO.<br><b>494-40-7111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 17. INFORMANT Address<br><b>Roger Jaeger, Columbia, Mo.</b>                                                                                                 |                                                                        |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute coronary thrombosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Coronary Disease</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4201</b> |                                  |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>minutes</b><br><b>1 1/2 yr.</b> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                    |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                |                                                                        |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                             |                                                                        |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                               |                                  | 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 <b>3-4-58</b> to <b>1-5-59</b> and last saw him alive on <b>12-23-58</b><br>Death occurred at <b>8:15 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                               |                                  |                                                                                                                                                             |                                                                        |
| 22a. SIGNATURE<br><b>C. A. McFarney M.D.</b> (Degree or title)                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | 22b. ADDRESS<br><b>Slater, Mo.</b>                                                                                                                          |                                                                        |
| 22c. DATE SIGNED<br><b>1/6/59</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                             |                                                                        |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | 23b. DATE<br><b>Jan. 7, 1959</b>                                                                                                                            |                                                                        |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Arrow Rock</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Arrow Rock, Missouri</b>                                                                                |                                                                        |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Haines Funeral Home, Slater, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>1-8-'59</b>                                                                                                              |                                                                        |
| 26. REGISTRAR'S SIGNATURE<br><b>Mrs. E. C. Metz</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                             |                                                                        |

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1959

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 Walter J. Haines, Jr.  
Licensed Embalmer No. 4557  
P. O. Address Albany, N.Y.

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.