

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010439
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Louisiana</u> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Clarksville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Clarksville</u>	
Length of stay in <u>3 Months</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Jennie</u> Middle <u>J</u> Last <u>Jaeger</u>			4. DATE OF DEATH Month <u>March</u> Day <u>27</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 3, 1870</u>	9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and state or country) <u>Pike County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>James Thurmond</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Emerson</u>		13c. NAME OF HUSBAND OR WIFE <u>Peter Jaeger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no <u>No</u> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>Joe Jaeger</u> Address <u>Clarksville Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>	
DUE TO (b) <u>palpable abdominal tumor</u>				<u>4 mo</u>	
DUE TO (c) <u>Fracture of left hip</u>				<u>239XF</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 <u>12/12/58</u> to <u>3/27/59</u> and last saw her ^{her} alive on <u>3/26/59</u> Death occurred at <u>7:15 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John A. Middleton M.D.</u>			22b. ADDRESS <u>Louisiana</u>		22c. DATE SIGNED <u>3/28/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 29, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Wood</u>		23d. LOCATION (City, town, or county) (State) <u>Clarksville Mo.</u>
24. FUNERAL DIRECTOR <u>Bernie Duerksen</u>		ADDRESS <u>Louisiana</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 30 59</u>	26. REGISTRAR'S SIGNATURE <u>Bernie Collier</u>

Doctor, 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
MEDICAL CERTIFICATION

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FILED APR 1 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 *J.B. Sterne*

Licensed Embalmer No. *4039*

P. O. Address *Louisiana 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.