

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028672

FILED VS SEP 1 1959

Registration District No. 119 Primary Registration District No. 5942 Registrar's No. 36

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp		Length of stay in 1b 5 min.		c. CITY OR TOWN R.#3 Jefferson City, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West of Highway 50-Mt. Sterling			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) LOUIS LEO JAEGER				4. DATE OF DEATH AUG 22, 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/13/30		9. AGE (last birthday) 29		IF UNDER 1 YEAR Months 0 Days 9 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Capenter				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Loose Creek, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Leo Jaegers				13b. MOTHER'S MAIDEN NAME Betty Backes				14. NAME OF HUSBAND OR WIFE Dorothy Stegeman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 486-34-1077		17. INFORMANT Mrs. Dorothy Stegeman Jeff City Address R #3							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chest & Head Injuries (Auto Accident)(Head on Collision) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Head on Collision with other auto.									
20c. TIME OF INJURY Hour 7:00 p.m. 8 22 59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway		20f. CITY, TOWN, OR LOCATION Near Mt. Sterling		COUNTY Gasconade		STATE Mo			
Deceased died the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
27a. SIGNATURE Herbert H. Blumer (Degree or title) Coroner						22b. ADDRESS Hermann, Mo			22c. DATE SIGNED 8/25/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/25/59		23c. NAME OF CEMETERY OR CREMATORY St. Francis Xavier			23d. LOCATION (City, town, or county) (State) Taos, Mo.						
24. FUNERAL DIRECTOR Sylvester Dulle ADDRESS J C MO.				25. DATE RECD. BY LOCAL REG. 8-24-59		26. REGISTRAR'S SIGNATURE Delmas Uffelman							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DE

STATE

PL

1961
2000

SEP 1 1963

(initials) (date)

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 _____

Sylvester Fuller

Licensed Embalmer No.

4321

P. O. Address _____

Sylvester Fuller

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.

72-24-8