

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018245

AMENDED

Registration District No. 200 Primary Registration District No. \_\_\_\_\_ Registrar's No. 91

STATE FILE NUMBER

FILED JUN 6 1961

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Macon</u>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> |  |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Hudson</u>  |  | Length of stay in 1b<br><u>1yr4mo15da</u>   |  | c. CITY OR TOWN <u>MACON</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Still-Hildreth Osteopathic Hospital</u>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location)<br><u>110 1/2 Vine</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Etta</u> Middle <u>E.</u> Last <u>Jaeger</u>  |  |   | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>9</u> Year <u>1961</u>   |  |  |  |  |
| 5. SEX<br><u>female</u>   | 6. COLOR OR RACE<br><u>white</u>       | 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><u>3/11/1876</u>   | 9. AGE (last birthday)<br><u>85</u>                                    | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><u>Macon, Missouri</u>                         |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u>   |  |
| 13a. FATHER'S NAME<br><u>James D. Wallace</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Nelson</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Joseph C. Jaeger</u>                 |  |  |
| 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.  |  | 17. INFORMANT<br><u>Mrs Bryan Harst</u> Address <u>MACON, Mo.</u>      |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| IMMEDIATE CAUSE (a) <u>Medullary Failure</u>  |  |   |  |  |  | <u>1 1/2 yrs.</u>  |  |
| DUE TO (b) <u>Cerebral Hemorrhage (Multiple)</u>  |  |   |  |  |  |  |  |
| DUE TO (c) <u>Arteriosclerosis</u>  |  |   |  |  |  |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |  |   |  |  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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>December 24, 1959</u> to <u>May 9, 1961</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>May 9, 1961</u><br>Death occurred at <u>2:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Andrew T Steo Sr</u>   |  |   |  | 22b. ADDRESS<br><u>Macon, Missouri</u>   |  | 22c. DATE SIGNED<br><u>5/10/61</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 23b. DATE<br><u>5-11-1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oakwood</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>Macon Missouri</u> |  |  |
| 24. FUNERAL DIRECTOR<br><u>D. Lester Bram</u> ADDRESS <u>Macon, Mo.</u>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><u>5/24/61</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Muehly</u>                        |  |  |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

**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 R. J. Bran

Licensed Embalmer No. 4472

P. O. Address Wesley, 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.