

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30733

State File No. ....

FILED AUG 31 1953

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>169</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>12 years</u>		c. CITY OR TOWN <u>Galliam</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saline County Home</u>				e. STREET ADDRESS (If rural, give location) <u>0970</u>			
3. NAME OF DECEASED a. (First) <u>EMMA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>HAGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-20-1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov-6-1870</u>		9. AGE (In years, months, days) <u>82-9-24</u>	IF UNDER 18 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZENSHIP OF WHAT COUNTRY?	
<u>House Work</u>		<u>County Home</u>		<u>Augusta, Lincoln Co., Mo</u>		<u>USA</u>	
13a. FATHER'S NAME <u>August Plester</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Louise Mette</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Hager, Slater Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1949</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>just</u> , 19 <u>50</u> <u>Aug 20</u> , 19 <u>53</u> that I last saw the deceased alive on <u>Aug 20</u> , 19 <u>53</u> and that death occurred at <u>745</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William M. D. Hager</u> (Degree or title)				23b. ADDRESS <u>Slater Mo</u>		23c. DATE SIGNED <u>8-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galliam Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Galliam, MO</u>	
DATE REC'D BY LOCAL REG. <u>8-24-1953</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Jones, Slater Mo</u> ADDRESS			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Licensed Embalmer No. 31  
P. O. Address..... State

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.