

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15409

170

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

BIRTH NO. _____		REG. DIST. NO. <u>373</u>		PRIMARY REG. DIST. NO. <u>4544</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LACLEDE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>NIANGUA</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MORGAN</u>		<u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SCHLICHT HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>MORGAN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEVA</u> b. (Middle) <u>FAYE</u> c. (Last) <u>GAGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1951</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 29, 1941</u>		9. AGE (In years last birthday) <u>10</u>	# UNDER 1 YEAR Months	# UNDER 2 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROY GAGE</u>		13b. MOTHER'S MAIDEN NAME <u>UIA DUDLEY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>UIA GAGE</u>		ADDRESS <u>SAME</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGE, INTRACRANIAL</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ACUTE, SEVERE, DUE TO TRAUMA</u> DUE TO (c) <u>STRUCK ON RIGHT TEMPLE</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BY A BATTED BASE BALL</u>					INTERVAL BETWEEN ONSET AND DEATH <u>14 HRS.</u> <u>69360</u> <u>22</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>HOMICIDE ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>AT HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WEBSTER, MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>STRUCK BY BATTED BASE BALL.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>4-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>51</u> , and that death occurred at <u>10:39 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>NIANGUA, MO.</u>		23c. DATE SIGNED <u>4-23-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COPLEY</u>		24d. LOCATION (City, town, or county) (State) <u>WEBSTER MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-30-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>292</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER BARTO</u>		ADDRESS <u>MARSHFIELD</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 5 1951

Dist. File 557-978

Date Filed 5-8-51

MAY 14 1951

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
Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Marblefield, 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 this body is not embalmed, fact should be so stated above.