S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39590

FILED DEC 5 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 121

0732 0

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

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sale Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Delaware
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 8350
d. STREET ADDRESS (If rural, give location): Tiff City Mo. R# Star.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) E. c. (Last) Page

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16. 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 10, 1885
9. AGE (In years last birthday): 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (City and State or Foreign Country): Corsacana Texas.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David D. Page
13b. MOTHER'S MAIDEN NAME: Elizabeth Delafield
14. NAME OF HUSBAND OR WIFE: Lena Maree Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 467-10-6218
17. INFORMANT'S SIGNATURE OR NAME: Lena Page — ADDRESS: Tiff City Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 13, 1952, *to* Nov 16, 1952, *that I last saw the deceased alive on* Nov 15, 1952, *and that death occurred at* 9 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Carter Mo
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: Nov 22

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-1952
24c. NAME OF CEMETERY OR CREMATORY: Council House
24d. LOCATION (City, town, or county) (State): Tiff City Missouri

DATE REC'D BY LOCAL REG.: 11-22-52
REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D. 223 0
25. FUNERAL DIRECTOR'S SIGNATURE: Barley Thompson Sr. — ADDRESS: Neosho Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 1152-273

Date Filed DEC 4 1952

NEOSHO, MISSOURI

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. 474, working under my personal supervision.

Student Ray P. Adams
Student Embalmer

Signed Carley Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.