

STANDARD CERTIFICATE OF DEATH

State File No. **27517**

FILED AUG 11 1953

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 135	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) Washington Sup		c. LENGTH OF STAY (In this place) 16. 11. 28		c. CITY (If outside corporate limits, write RURAL and give township) Stella		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3				d. STREET ADDRESS (If rural, give location) Rural 1			
3. NAME OF DECEASED (Type or Print) Joseph		a. (First) Joseph		b. (Middle) E		c. (Last) Pague	
4. DATE OF DEATH (Month) (Day) (Year) 7-31-53		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 26-1887		9. AGE (In years last birthday) 66		10. MONTHS 7		11. DAYS 5	
10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Stella Mo		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Wm Pague		13b. MOTHER'S MAIDEN NAME Margaret Culp		14. NAME OF HUSBAND OR WIFE Leona Pague			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Records State Hospital #3 Nevada 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis 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 6 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002 X				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)		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 6-1-1946 to 7-31-1953 , that I last saw the deceased alive on 7-30-1953 , and that death occurred at 7:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J.R. Benish M.D.				23b. ADDRESS State Hospital #3 Nevada Mo		23c. DATE SIGNED 7-31-53	
24a. BURIAL (CREMATION, REMOVAL) (Specify) Removal		24b. DATE 7-31-53		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Wheaton, Missouri	
DATE REC'D BY LOCAL REG. 8-3-53		REGISTRAR'S SIGNATURE Anna E. Harvey		25. FUNERAL DIRECTOR'S SIGNATURE A. V. Nays			
				ADDRESS Nevada, Mo.			

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

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

H. H. Marmoduke

Licensed Embalmer No. 2070

P. O. Address Woods, 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.