

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010832

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 248

Primary Registration District No. 4369

Registrar's No.

300

1-57

3

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Seneca</b>		c. CITY OR TOWN <b>Seneca</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rwy crossing</b>		d. STREET ADDRESS (If outside, give location) <b>Inst.</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Charles</b> Last <b>Page</b>		4. DATE OF DEATH Month <b>March</b> Day <b>5</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>wht</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 16, 1917</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salvage work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Seneca Salvage</b>	9. AGE (In years (by birthday)) <b>40</b> F UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> IF UNDER 24 HRS.: Hours <b>0</b> Min. <b>0</b>
11. BIRTHPLACE (City and state or country) <b>Newton co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Clarence Page</b>		13b. MOTHER'S MAIDEN NAME <b>Flossie Arehart</b>	
14. NAME OF HUSBAND OR WIFE <b>LaVon</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>	
16. SOCIAL SECURITY NO. <b>500-01-5266</b>		17. INFORMANT <b>LaVon Page, Seneca, Mo.</b> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broken Neck</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Fractured skull and multiple fractures of arms and legs.</b>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <b>Truck he was driving was struck by Frisco Train</b>	
20c. TIME OF INJURY <b>6:30 AM</b> <b>3-5-58</b>		at a grade crossing in Seneca, Newton Co. Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Grade Crossing</b>	
20f. CITY, TOWN, OR LOCATION <b>Seneca</b>		COUNTY <b>Newton</b> STATE <b>Missouri</b>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>6:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert Thompson</b> (Degree or title) <b>Coroner 3</b>		22b. ADDRESS <b>Neosho Missouri</b>	
22c. DATE SIGNED <b>3/8/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Type) <b>Burial</b>		23b. DATE <b>3/7/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Seneca Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Seneca, Missouri</b>	
24. FUNERAL DIRECTOR <b>W E Bellum</b> ADDRESS <b>Seneca Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3-10-58</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Irene Russell</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were related. All diseases in Part I must be causally related.

RECEIVED

District Health Officer No. Neustose  
District File Number 358-61  
Date Filed MAR 13 1958

MAR 25 1958

VS JUN 16 1958

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 W. E. Biddlecome

Licensed Embalmer No. 2174  
P. O. Address Seneca

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.