

No. 38
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40112

FILED DEC 22 1950

BIRTH NO.		REG. DIST. NO. 64	PRIMARY REG. DIST. NO. 4109	Registrar's No. 80
1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Chariton		
b. CITY OR TOWN Keytesville		c. CITY OR TOWN Keytesville		
c. LENGTH OF STAY (in this place) 45 years		d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION South part of Keytesville		e. FULL NAME OF HOSPITAL OR INSTITUTION South part of Keytesville		
3. NAME OF DECEASED a. (First) Oloetha		b. (Middle) —		c. (Last) Page
4. DATE OF DEATH Dec. 13 1950		5. SEX Female 3		
6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 11, 1905
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work as in life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Keytesville Mo. 0
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Ben Hughes		
13b. MOTHER'S MAIDEN NAME Barbara Gooch		14. NAME OF HUSBAND OR WIFE Heber Page		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Heber Page
17. ADDRESS Keytesville, 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.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
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)		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 Oct 25, 1948, to Dec 13, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 4:30 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Carl O. Hege		23b. ADDRESS M.D. Keytesville Mo.		23c. DATE SIGNED 12/14/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-16-50		24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) (State) Keytesville Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE REC'D BY LOCAL REG. 12/16-50		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

1955
DEC 19 1950
DISTRICT HEALTH OFFICE #
District File Number 12-50
Date Filed:

DEC 20 1950

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

H. O. Grandt

Licensed Embalmer No. 3046

P. O. Address

Key Leavelle Me

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.