

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0760 23817
State File No.

FILED AUG-14-1951

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5816 Registrar's No. 20

I. PLACE OF DEATH
 a. COUNTY Morgan
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Richland
 c. LENGTH OF STAY (In this place) 35
 d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles N.W. of Florence Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Morgan
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Richland
 d. STREET ADDRESS 4 Miles N.W. Florence Mo c. (If rural, give location)

3. NAME OF DECEASED (Type or Print)
 a. (First) CHARLES b. (Middle) T c. (Last) PAGE
4. DATE OF DEATH (Month) (Day) (Year) AUG 2 1951

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** married
8. DATE OF BIRTH June 6-1878 **9. AGE** (In years last birthday) 73 IF UNDER 1 YEAR 31 Days IF UNDER 4 HRS. 26 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reg. Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Morgan Co Missouri
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME George C Page **13b. MOTHER'S MAIDEN NAME** Susan Wafford **14. NAME OF HUSBAND OR WIFE** Ida Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dated service)
16. SOCIAL SECURITY NO. none **17. INFORMANT'S SIGNATURE OR NAME** Mrs Ida Page **ADDRESS** Florence Mo

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion.
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Myocarditis chronic 2 years
 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 2 hours

19a. DATE OF OPERATION none **19b. MAJOR FINDINGS OF OPERATION**
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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
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 July 31, 1951 to Aug 2, 1951, that I last saw the deceased alive on Aug 2, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles D Osborne MD **23b. ADDRESS** Sedalia Mo **23c. DATE SIGNED** Aug 4 '51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Aug 5-51 **24c. NAME OF CEMETERY OR CREMATORY** Florence **24d. LOCATION** (City, town, or county) (State) Florence Mo

DATE REC'D BY LOCAL REG. Aug 8th 1951 **REGISTRAR'S SIGNATURE** Thos R. Pappert **25. FUNERAL DIRECTOR'S SIGNATURE** A. F. Newman **ADDRESS** Smithton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

710

RECEIVED 8-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-13-51

OCT 3 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 *A. F. Neumeier*

Licensed Embalmer No. *3912*

P. O. Address *Smithton 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.