

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33252**

FILED OCT 22 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 880

396

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DOUGLAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AVA, RFD 0340	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION S.P.F.S.D. BAPTIST HOSPITAL			

3. NAME OF DECEASED (Type or Print) Nancy Haynes PAGE			4. DATE OF DEATH (Month) (Day) (Year) 10-13-51		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan 29-1881	9. AGE (In years last birthday) 69	10. BIRTHPLACE (State or foreign country) 09 16	11. CITIZEN OF WHAT COUNTRY? U.S.A
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		10c. BIRTHPLACE (State or foreign country) DOUGLAS Co, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Jerry Haynes		13b. MOTHER'S MAIDEN NAME Susan Duren		14. NAME OF HUSBAND OR WIFE Wm E. Page (Dec)	
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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. No	17. INFORMANT'S SIGNATURE OR NAME Mrs Raymond Page daughter-in-law ADDRESS 5501			
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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) Generalized Peritonitis			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Perforated Abdominal Ulcer	DUE TO (c) Appendicitis ??			1 1/2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Semility, sclerosis + Myocarditis 6 1/2 yrs				

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from 10-13-1951, to 10-13-1951, that I last saw the deceased alive on 10-13-1951, and that death occurred at 8:28 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Raymond G. Hall M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 10/13/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/13/51	24c. NAME OF CEMETERY OR CREMATORY Brushyknob	24d. LOCATION (City, town, or county) (State) Brushyknob, Missouri		
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DATE REC'D BY LOCAL REG. 10-15-51	REGISTRAR'S SIGNATURE W.E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Climbrough Funeral Home (Ch.) Ava, Mo			
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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 Charlie R. Fish

Signed.....
Student Embalmer

Licensed Embalmer No. 4662

P. O. Address Ava, ms

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.