

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

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NOV 12 1952

REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Big Piney		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Big Piney 0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Frances c. (Last) Page			4. DATE OF DEATH (Month) 11 (Day) 6 (Year) 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/3/1860	9. AGE (In years last birthday) 92	# UNDER 1 YEAR Months 1	# UNDER 1 YEAR Hours 3	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri 10		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Bram Vaughn	13b. MOTHER'S MAIDEN NAME Melelia Wrinkles	14. NAME OF HUSBAND OR WIFE Judge S. N. Page
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Bryon Page, Big Piney, Missouri

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) Pneumonia terminal		INTERVAL BETWEEN ONSET AND DEATH 17 hrs 20 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	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) 4500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	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 none 19, 1946, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE C. V. Mellett, M.D.	(Degree or title)	23b. ADDRESS Crocker, Mo.	23c. DATE SIGNED 11-8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/8/1952	24c. NAME OF CEMETERY OR CREMATORY Big Piney Cemetery	24d. LOCATION (City, town, or county) (State) Big Piney, Missouri
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DATE REC'D BY LOCAL REG. 11-8-52	REGISTRAR'S SIGNATURE [Signature]	458	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 11-8-52

File Number

Pulaski County Health Officer

RECEIVED 11-8-52

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

Nov. 6, 1952

working under my personal supervision.

Student Embalmer No.....

Signed

*Paul W. Gilbert*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address Dixon, Missouri

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.