

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17354**

FILED MAY 31 1956

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski 0850	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville 6		c. LENGTH OF STAY (In this place) 30 days	c. CITY OR TOWN Crocker
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) Charity	a. (First)	b. (Middle) Page	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 22, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct. 28, 1863	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pulaski County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Cornelius Dye	13b. MOTHER'S MAIDEN NAME Nancy Webb	14. NAME OF HUSBAND OR WIFE Benjamin F. Page
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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 Robert Page Crocker	ADDRESS Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia & bronchitis		16 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of left femur		39 days
DUE TO (c) Inferior vena cava			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. By atherosclerosis of 9020			10 yrs

19a. DATE OF OPERATION 4-22-56	19b. MAJOR FINDINGS OF OPERATION 085 21	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Crocker, Mo. Pulaski
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr. 22 1956 noon	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Fell out of chair
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22. I hereby certify that I attended the deceased from **Apr. 22, 1956** to **May 17, 1956** that I last saw the deceased alive on **May 17, 1956**, and that death occurred at **9:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Little, M.D.	23b. ADDRESS Crocker, Missouri	23c. DATE SIGNED 5-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/25/56	24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	24d. LOCATION (City, town, or county) (State) Crocker, Missouri
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DATE REC'D BY LOCAL REG. 5-24-56	REGISTRAR'S SIGNATURE Gauld & Anderson	FUNERAL DIRECTOR'S SIGNATURE Wedges Funeral Home	ADDRESS Crocker, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 5-26-52

File Number

Pulaski County Health Officer

RECEIVED 5-23-52

OCT 9 1 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 Walter A. Aedger

Licensed Embalmer No. 4265

P. O. Address Iberia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.