

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **5972**  
Registrar's No. **1152**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1152</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY OR TOWN <b>Pevely</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>32 St. Lukes Hospital</b>				• STREET ADDRESS (If rural, give location) <b>29 Rte. # 1, Pevely 0500</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Maude</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Bage</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 3, 1957</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>July 16, 1895</b>		9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>0</b> <b>Cedar Hill, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13a. FATHER'S NAME <b>Amos Graham</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Davis</b>	
14. NAME OF HUSBAND OR WIFE <b>Ellis R. Bage</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ellis Bage, Rte # 1, Pevely, Mo.</b>				ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor, Malignant</b> <i>Brain tumor malignant</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>6 months</b>	
19a. DATE OF OPERATION <b>Feb 2 57</b>		19b. MAJOR FINDINGS OF OPERATION <b>Tumor at temporal lobe</b> <i>Tumor at temporal lobe</i>				20. AUTOPSY? <b>2</b> 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? <b>2-3-57</b>			
22. I hereby certify that I attended the deceased from <b>Feb 1 2-1-57</b> to <b>Feb 3 1957</b> , that I last saw the deceased alive on <b>Feb 3 1957</b> , and that death occurred at <b>12:30 p.m. Feb 3 1957</b> from the causes and on the date stated above. <b>2-4-57</b>							
23a. SIGNATURE <b>Geo. L. Hawkins Jr.</b> (Degree or title) <b>M.D.</b> <i>George L. Hawkins Jr. M.D.</i>				23b. ADDRESS <b>100 N. Euclid</b> <i>100 N Euclid</i>		23c. DATE SIGNED <b>Feb 4-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 6, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Roselawn Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Crystal City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 5 '57</b>		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Vinyard Fun'l Homes, Inc., Festus, Mo.</b>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 1957

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 *Donald H. Wingard*.....

Licensed Embalmer No. *4600*

P. O. Address *Feasterville, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.