

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044753

FILED VS DEC 12 1960

317

Registration District No. _____ Primary Registration District No. 500 Registrar's No. 3483

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCOIS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS		Length of stay in 1b 1 Hr 45 Min		c. CITY OR TOWN BONNE TERRE		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				d. STREET ADDRESS (If outside, give location) 115 D Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES M. PAGE				4. DATE OF DEATH Month Day Year 11-29-60				
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-13-93		
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY EXPRESS COMPANY		11. BIRTHPLACE (City and state or country) EWING, ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIS M. PAGE			13b. MOTHER'S MAIDEN NAME LILLIE B. MULLEN			14. NAME OF HUSBAND OR WIFE HELEN PAGE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I			16. SOCIAL SECURITY NO. 714 10 8734		17. INFORMANT Address Mrs. Helen Page, 115 D Street, Bonne Terre Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE EMBOLI TO CEREBRAL VESSELS FROM MURAL THROMBI IN HEART							INTERVAL BETWEEN ONSET AND DEATH UNDETERMINED	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. attended the deceased from 6:25 PM to 8:10 PM and last seen alive 11-28-60		Death occurred at 8:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) James S. Nelson M.D. VA HOSP. JEFF. BRKS. MO.				22b. ADDRESS		22c. DATE SIGNED 11-29-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-1-60		23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo		
24. FUNERAL DIRECTOR ADDRESS Cady Funeral Home, Crystal City, Mo.			25. DATE RECD. BY LOCAL REG. NOV 30 1960		26. REGISTRAR'S SIGNATURE <i>John M. ...</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 12 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Harry E. Manso*

Licensed Embalmer No. 4495

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.