

No. 300
10. 48

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18252

BIRTH NO. _____ REG. DIST. NO. 327 PRIMARY REG. DIST. NO. 3072 Registrar's No. 101

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (In this place) life time		d. STREET ADDRESS (If rural, give location) 259 South Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 259 South Benton		d. STREET ADDRESS (If rural, give location) 259 South Benton	

3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) Lloyd c. (Last) Page			4. DATE OF DEATH (Month) (Day) (Year) May 20, 1949.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 3, 1902.	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Days 9 IF UNDER 24 HRS. Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water Dist. Asst. Supt. - Municipal Utilities		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Charles D. Page		13b. MOTHER'S MAIDEN NAME Lucy Chamberlain		14. NAME OF HUSBAND OR WIFE Kathryn Page	
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. 487-014453		17. INFORMANT'S SIGNATURE OR NAME Kathryn Page ADDRESS Marshall, MO.	

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) Coronary occlusion -			INTERVAL BETWEEN ONSET AND DEATH
		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.			4201

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?	

22. I hereby certify that I attended the deceased from **April 19, 1949**, to **May 20, 1949**, that I last saw the deceased alive on **May 20, 1949**, and that death occurred at **3:15 am** from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Marshall, MO.		23c. DATE SIGNED May 21-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 22-1949		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	
		24d. LOCATION (City, town, or county) Marshall, Missouri			

DATE REC'D BY LOCAL REG. May 31-1949		REGISTRAR'S SIGNATURE Gidney J. Gray		FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 385 Campbell Lewis, Marshall, Mo.	
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MAY 23 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-25-49

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. 263

working under my personal supervision.

Signed James H. Lewis Jr.
Student Embalmer

Signed R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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 this body is not embalmed, fact should be so stated above.