

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17775

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5962 Registrar's No. 41

330

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

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Marshall Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Marshall 1830	
d. FULL NAME OF HOSPITAL OR INSTITUTION no		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Carlton c. (Last) Page			4. DATE OF DEATH (Month) (Day) (Year) 5-12-50			
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH 7-18-61	9. AGE (In years last birthday) 88	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Platte Co. Missouri 0		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Frank Page	13b. MOTHER'S MAIDEN NAME Nancy Sapp	14. NAME OF HUSBAND OR WIFE Linnie 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. none	17. INFORMANT'S SIGNATURE OR NAME Lee Page Weston, Missouri ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic		
	ANTECEDENT CAUSES DUE TO (b) Disease of the Coronary arteries <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		4221	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 March 1, 1950, to May 12, 1950, that I last saw the deceased alive on May 12, 1950 and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] D.O.	23b. ADDRESS Weston	23c. DATE SIGNED 5-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-15-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Bethel Cem.	24d. LOCATION (City, town, or county) (State) Platte Co. Mo.
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DATE REC'D BY LOCAL REG. 5-16-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Vanhook Funeral Home Weston, Mo.
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RECEIVED

MAY 25

District Health Officer No. 8,

District File Number _____

Date Filed 5/25/58

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 _____
Student Embalmer

Signed W. B. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.