

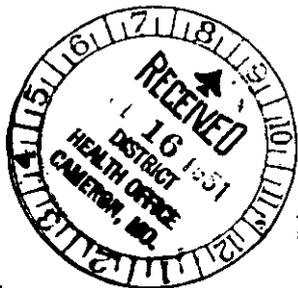
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22463**

FILED JUL 19 1951

BIRTH NO.		REG. DIST. NO. 73	PRIMARY REG. DIST. NO. 5291	Registrar's No. 48
1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) Liberty, Mo.	c. LENGTH OF STAY (in this place) 3 months	c. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs 6240		
d. FULL NAME OF HOSPITAL OR INSTITUTION Odd Fellows Home		d. STREET ADDRESS (If rural, give location) RRI		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) R	c. (Last) PAGE	4. DATE OF DEATH (Month) (Day) (Year) July 9, 51
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH unknown 1875	9. AGE (In years last birthday) 76 If under 1 year: Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Excelsior Springs RRI
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME unknown		
13b. MOTHER'S MAIDEN NAME Susan Moore		13c. NAME OF HUSBAND OR WIFE Myrtle Page RRI Excelsior		
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 Myrtle Page, RRI Excelsior Mo
17. ADDRESS Excelsior Springs Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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) 4201
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 May , 19 51 , to July , 19 51 , that I last saw the deceased alive on June 6, 1951 , and that death occurred at 9:30 A.M. from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Myrtle Page		23b. ADDRESS Liberty Mo		23c. DATE SIGNED 7/9/51
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 9/51		24c. NAME OF CEMETERY OR CREMATORY unknown
24d. LOCATION (City, town, or county) (State) Excelsior Springs Mo		25. FUNERAL DIRECTOR'S SIGNATURE Virgil Hooper, Excelsior Mo		
DATE REC'D BY LOCAL REG. July 9-1951		REGISTRAR'S SIGNATURE Minnie Haynes 64		25. ADDRESS Excelsior Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *Chas Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address. *Epelswir Springs, Md.*

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.