

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33889

State File No.

FILED OCT 6 1952

BIRTH NO. 106276 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. Lat

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Marshall</u>	c. LENGTH OF STAY (in this place) <u>2 Hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural = Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8 miles North State, Mo</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>ROY SAMUEL PAGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-2-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>OCT-2-1952</u>
9. AGE (In years last birthday) <u>2 Hours</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u></u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>
11. BIRTHPLACE (State or foreign country) <u>Marshall, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Roy E Page</u>		13b. MOTHER'S MAIDEN NAME <u>Violet Marie</u>	
14. NAME OF HUSBAND OR WIFE <u></u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy E Page</u> ADDRESS <u>Slater, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstructed Heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1</u> DUE TO (c) <u>3</u> 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"/>		<u>4341</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>	
22. I hereby certify that I attended the deceased from <u>10-2-1952</u> , to <u>10-2-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-2-52</u> , and that death occurred at <u>8:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. C. Lester, M.D.</u> (Degree or title)		23b. ADDRESS <u>Sub. n. Main, Slater, Mo</u>	
23c. DATE SIGNED <u>10-3-52</u>		23d. WITNE SIGNED <u></u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>
DATE REC'D BY LOCAL REG. <u>Oct 3-1952</u>	REGISTRAR'S SIGNATURE <u>Richard T Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Jones</u> ADDRESS <u>Slater Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

972
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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
Student Embalmer

Student Embalmer No. _____

Signed

James E. Jones

Licensed Embalmer No. *7143*

P. O. Address *Scater, 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.