

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1221

FILED JAN 19 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 16

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

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	c. LENGTH OF STAY (In this place) <u>60 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton MO 2422</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GEDL</u>		d. STREET ADDRESS (If rural, give location) <u>305 North main St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HULL</u> b. (Middle) <u>Hickman</u> c. (Last) <u>PAGE</u>			4. DATE OF DEATH (Month) <u>1</u> (Day) <u>11</u> (Year) <u>53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2/24/1858</u>		9. AGE (In years last birthday) <u>94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mail carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>HENRY Co mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>William F Page</u>	13b. MOTHER'S MAIDEN NAME <u>Susan B Hickman</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E Page</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs H H Page</u> ADDRESS <u>Clinton Mo</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senescent arterio-sclerosis</u>		4 months
	DUE TO (c) <u>None</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		331X

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	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) <u>None</u>	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 Sept 13 1952, to Jan 11 1953, that I last saw the deceased alive on Jan 11 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. B. Hughes</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>1/16/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/16/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Conzolan</u> ADDRESS <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan-16-53</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	

8861 8-1971

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

J E Conslan

Licensed Embalmer No. 1891

P. O. Address Christy 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.