

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43153

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 249 PRIMARY REG. DIST. NO. 6180 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Morris Twp.</b>	c. LENGTH OF STAY (in this place) <b>8 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Morris Twp.</b> 1050	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>4 mi. N. E. Winigan</b>		d. STREET ADDRESS (If rural, give location) <b>4 mi. N. E. Winigan</b> 0	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dovie</b>	b. (Middle) <b>May</b>	c. (Last) <b>Page</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 13, 1879</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 18 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b> 0	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James Moffitt</b>	13b. MOTHER'S MAIDEN NAME <b>Emaline Webb</b>	14. NAME OF HUSBAND OR WIFE <b>Alfred Page</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-22-5258</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Earl McCollum, Winigan, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>  years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombus</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertensive heart disease</b> 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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **noon**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. W. Simpson, Coroner, D.O.</b>	23b. ADDRESS <b>Milan, Mo.</b>	23c. DATE SIGNED <b>12/23/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 23, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Price Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Linn Co, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 31, 1954</b>	REGISTRAR'S SIGNATURE <b>Arnold D. Casper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Hunt &amp; Son, Green City, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

1050

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Karl P. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.