

FILED JUL 22 1957

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 6087 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE No. b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Slater</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>R.F.D. 3 Slater</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>none</b>		d. STREET ADDRESS <b>R F D</b> (If outside, give location) <b>0970</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b' <b>55 yrs</b>			

3. NAME OF DECEASED (Type or print) <b>Nola Estelle Page</b> First Middle Last			4. DATE OF DEATH <b>July 14-1957</b> Month Day Year		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June, 15-1896</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>20</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Mulhall, Okla.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
13. FATHER'S NAME <b>Samuel H. Hill</b>			14. MOTHER'S MAIDEN NAME <b>Nettie Hains</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT <b>Mrs. Clyde Brown, Slater, Mo.</b> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral embolus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Thrombophlebitis, lower left leg</b>	<b>24 days</b>
	DUE TO (c) <b>Varicose veins-marked, both legs</b>	<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Obesity, marked</b>		19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a. m. <b></b> p. m. <b></b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <b>Slater, Mo.</b>		COUNTY <b>Saline</b> STATE <b>Mo.</b>

21. I attended the deceased from **12-8-39** to **7-14-57** and last saw her <sup>her</sup> <sub>hour</sub> alive on **July 1, 1957**  
Death occurred at **8:00 A m** on the date stated above; and to the best of my knowledge, (from the causes stated).

22a. SIGNATURE <b>C. A. McBurney, M.D.</b> (Degree or title)	22b. ADDRESS <b>Slater, Mo.</b>	22c. DATE SIGNED <b>7/15/57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/16/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Slater, Mo.</b>
24. FUNERAL DIRECTOR <b>Hill Brothers, Slater, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7/17/57</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. E. C. Metz</b>

300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 .....  
Signature of Student Embalmer

Signed *A. C. Hill* .....

Licensed Embalmer No. *30*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.