

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30577

BIRTH NO.		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4514		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Green City		c. LENGTH OF STAY (in this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green City				d. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED (Type or Print) Reuben		a. (First)		b. (Middle) -----		c. (Last) Page	
4. DATE OF DEATH Aug. 20, 1957		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 23, 1877		9. AGE (in years last birthday) 80		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Smith Page		13b. MOTHER'S MAIDEN NAME Almada Childers		14. NAME OF HUSBAND OR WIFE Anna R. Page			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-42-3500		17. INFORMANT'S SIGNATURE OR NAME Mrs. Glen E. Rouse, Green City, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 days  10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		332X	
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?			
22. I hereby certify that I attended the deceased from Jan 31, 1955, to August 19, 1957, that I last saw the deceased alive on August 19, 1957, and that death occurred at 6:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE R. D. Smith D.O.		(Degree or title)		23b. ADDRESS Green City, Mo.		23c. DATE SIGNED Aug 20, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 22, 1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) (State) Sullivan Co., Mo.	
DATE REC'D BY LOCAL REG. 8-23-57		REGISTRAR'S SIGNATURE Mrs. M. W. Beckett		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Glenn E. Fortson, Green City, 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 \_\_\_\_\_

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

working under my personal supervision.

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

Signed \_\_\_\_\_

*Carl R. 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.