

# RIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JAN 3 1961

=60-046892  
STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4341 Registrar's No. 71

DEED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Montgomery</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bellflower Mo</b> Length of stay in 1b <b>2yrs</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b> c. CITY OR TOWN <b>Mineola Mo</b> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>none</b> Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Spires Rest Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <b>Jasper</b> Middle <b>J.</b> Last <b>Page</b>			<b>4. DATE OF DEATH</b> Month <b>Dec</b> Day <b>26</b> Year <b>1960</b>		
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>5-17-60</b>	<b>9. AGE (last birthday)</b> <b>88</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Stock &amp; Grain</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Mineola Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A</b>
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<b>13a. FATHER'S NAME</b> <b>Robert Page</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Miss ----- Bibb</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Zella Page</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT</b> Address <b>Horace Page Mineola Mo</b>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Pulmonary edema</b> DUE TO (b) <b>Influenza</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>60 min</b> <b>5 days</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>
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<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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21. I attended the deceased from 12-21-60 to 12-26-60 and last saw him alive on 12-21-60  
 Death occurred at 2:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Deceased or MHA) <i>[Signature]</i>	<b>22b. ADDRESS</b> <i>[Address]</i>	<b>22c. DATE SIGNED</b> <b>12-28-60</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>12-29-60</b>	<b>23c. NAME OF CEMETERY OR CREMATOR</b> <b>Montgomery City</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Montgomery City Mo</b>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <i>[Signature]</i> <b>MONTGOMERY CITY MO</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>12-28-1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~XXX~~  
~~XXXX~~ on the 26 th day of Dec 1960, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*C. W. Hopkins*  
*C. W. Hopkins*

Licensed Embalmer No. I487

Mont omery City Mo  
P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.