MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 347 Primary Registration District No. 6157 Registrar's No. 17

STATE FILE NUMBER -62-017229

FILED MAY 8 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 1040
2 8110
3
4 1
5 1
6
7 1
8 0
9 4200
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12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pine — Length of stay in 1b: few days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6 Miles N.E. Blue Eye — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Idaho b. COUNTY: Washington
c. CITY OR TOWN: Weiser — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First KIZZIE Middle EUNICE Last PAGE

4. DATE OF DEATH: Month April Day 28 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-2-98
9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher & nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Carroll County, Ark.. USA
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joe Sneed
13b. MOTHER'S MAIDEN NAME: Mary Queen
14. NAME OF HUSBAND OR WIFE: Carl Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT: Paul Sneed — Address: Blue Eye, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac embolism &/or infarction — INTERVAL BETWEEN ONSET AND DEATH: Moments
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Large hiatal hernia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-20-62, to day of death and last saw her/him alive on 4-27-62
Death occurred at 4-28-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leo T. Neu Jr. M.D.
22b. ADDRESS: Springfield, Missouri
22c. DATE SIGNED: 5-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-2-62
23c. NAME OF CEMETERY OR CREMATORY: Blue Eye Cemetery
23d. LOCATION (City, town, or county) (State): Blue Eye, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Nelson Funeral Home-Berryville, Ark.
25. DATE RECD. BY LOCAL REG.: May 5, 1962
26. REGISTRAR'S SIGNATURE: Mary F. Stewart

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Charles M. Wilson

Signature of Student Embalmer

Licensed Embalmer No. 5002

P. O. Address Berryville, Ark.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.