No. 300
10-48

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19281

State File No.

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
c. LENGTH OF STAY (in this place) 5 years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1315 Mabel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
d. STREET ADDRESS (If rural, give location) 1315 Mabel

3. NAME OF DECEASED (Type or Print)
a. (First) Lela
b. (Middle) May
c. (Last) Page

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH December 4-1893
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR: Months 4, Days 23, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Laredo Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Claypole
13b. MOTHER'S MAIDEN NAME Etta Barr
14. NAME OF HUSBAND OR WIFE Don 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. 495-26-1563
17. INFORMANT'S SIGNATURE OR NAME Mrs. Gale Tate — **ADDRESS** Laredo 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) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary insufficiency
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Not known.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* HAVE NEVER ATTENDED, 19__, *to* __, 19__, *that I last saw the deceased alive on* April 2, 19__, *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE C. L. Clark, M.D. (Degree or title)
23b. ADDRESS Trenton, Mo.
23c. DATE SIGNED April 29 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/1/1949
24c. NAME OF CEMETERY OR CREMATORY Laredo
24d. LOCATION (City, town, or county) Laredo (State) Missouri

DATE REC'D BY LOCAL REG. 5/1/49
REGISTRAR'S SIGNATURE Irene Jaw
25. FUNERAL DIRECTOR'S SIGNATURE E. J. Robertson Funeral Home **ADDRESS** Laredo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 6 1949

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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