

STANDARD CERTIFICATE OF DEATH

State File No. 38393

REC'D DEC 7 1951

BIRTH NO.		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 122			
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) Louisiana		c. LENGTH OF STAY (in this place township) 3 das.		c. CITY (If outside corporate limits, write RURAL and give township) Whiteside		0590			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital				d. STREET ADDRESS (If rural, give location) /					
3. NAME OF DECEASED (Type or Print) a. (First) Dennis			b. (Middle) B		c. (Last) Page, Sr.		4. DATE OF DEATH (Month) (Day) (Year) 11-12-51		
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Jan. 29, 1897		9. AGE (in years last birthday) 74 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (State or foreign country) Whiteside, Mo			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Page			13b. MOTHER'S MAIDEN NAME Magruder			14. NAME OF HUSBAND OR WIFE Maudie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Hospital Record			ADDRESS	
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 Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 5 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic					
				DUE TO (c) Coronary vascular Disease				4221	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 11-9 , 19 51 , to 11-12 , 19 51 , that I last saw the deceased alive on 11-12 , 19 51 , and that death occurred at 6:15 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Chas. H. Lewellen M.D.				23b. ADDRESS Louisiana Mo		23c. DATE SIGNED 11/14/51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 15-1951		24c. NAME OF CEMETERY OR CREMATORY St. Johns		24d. LOCATION (City, town, or county) (State) Eolia Mo			
DATE REC'D BY LOCAL REG Nov. 15-1951		REGISTRAR'S SIGNATURE 3741		25. FUNERAL DIRECTOR'S SIGNATURE McClure Funeral Service		ADDRESS Eolia Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

38
Date Received: DEC 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-224
Date Filed: DEC 5 1951

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 *Norman E. Gooch*.....

Licensed Embalmer No. *2342*.....

P. O. Address *Eolia 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.